

2009 ACTIVITY AND INFORMATION REPORT

*****DEADLINE FOR RETURNING FORM IS MARCH 3, 2010 *****
IF NOT RECEIVED BY DEADLINE, SQUAD WILL BE SUSPENDED AT SPRING BOG

RETURN FORM TO:
VIRGINIA ASSOCIATION OF VOLUNTEER RESCUE SQUADS, INC.
P.O. BOX 279, OILVILLE, VA 23129-0279
FAX: 804 -749-8910 PHONE: 800-833-0602
Email: VAVRS@VAVRS.COM

PLEASE TYPE OR PRINT

NAME OF SQUAD _____ EMS # _____ DISTRICT _____

PHYSICAL ADDRESS _____ CITY _____ ST _____ ZIP _____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

COUNTY/CITY SQUAD IS LOCATED IN _____

PHONE: BUSINESS () _____ FAX () _____

EMAIL ADDRESS _____ WEBSITE ADDRESS: _____

BUSINESS MEETING HELD: _____ NUMBER OF CALLS RAN _____

NUMBER OF ACTIVE MEMBERS: SR _____ JR _____ AUX _____ HOW MANY PAID MEMBERS _____

PLEASE LIST NAMES & PHONE NUMBERS OF YOUR:

CAPTAIN/CHIEF _____ Contact Number _____ (Email) _____

BOG REP _____ Contact Number _____ (Email) _____

ALT BOG REP _____ Contact Number _____ (Email) _____

AUX PRES _____ Contact Number _____ (Email) _____

JR SQ PRES _____ Contact Number _____ (Email) _____

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