



## **DETACHMENT RIGSBY AWARD CHALLENGE**

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To: All Detachments  
Detachment Commanders  
Detachment Adjutants  
Detachment Squadrons

From: National Veterans Affairs & Rehabilitation Commission

Subject: CHARLES B. RIGSBY VA VOLUNTEER OF THE YEAR AWARD

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### **We need your help!**

We know that within your Detachment you have **“THAT”** member. You know, that member that is always at the VA facility, the Community Based Outpatient Clinic, the State Veteran’s home. That SONS member who is always driving a veteran to their Dr.’s appointment; to get a haircut, to take them to lunch. You know; **“THAT”** member.

**“THAT”** member would be a great candidate to be considered for the **Charles B. Rigsby VA Volunteer of the Year Award!**

Past National SAL Commander Charles B. Rigsby was a strong advocate for the needs of our veterans and the need for Sons of The American Legion members to volunteer to assist our veterans in any way! That is but one reason why this award was named in his honor!

Our challenge to you is to fill out a Charles B. Rigsby VA Volunteer of the Year Award application for **“THAT”** guy!

The application forms can be found under the VA & R Commission section of the Commission and Committee’s page on our web-site, or you can click this link <https://www.legion.org/sons/files/rigby.pdf>

We are asking each of our Detachments to submit a candidate for the **“Rigsby”** award.

### **CAN WE COUNT ON YOU?**

We look forward to judging many applications at our National Convention in Minneapolis!

Thank you for your anticipated cooperation!



# Charles B. Rigsby Veterans Affairs and Rehabilitation Volunteer of the Year Award

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## Section I General Data

Nominee: \_\_\_\_\_  
(name, address, city, state, zip code) (date)

Squadron #: \_\_\_\_\_  
(name, address, city, state, zip code of Squadron)

SAL Card #: \_\_\_\_\_ Detachment of \_\_\_\_\_

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## Section II Total VAVS Hours and Visits

Number of Hours Volunteered: \_\_\_\_\_ Number of Visits: \_\_\_\_\_

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## Section III Remarks

Volunteer Activities:

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Location of Volunteer Performance (VA Homes and Hospitals):

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General Remarks:

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## Section IV Certification

Submitted by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Attested by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_