

# VFW FACT SHEET



**As the nation's oldest major veterans' organization,** the VFW has an impeccable and longstanding record of service and stewardship. More than 4 million patriotic Americans, both members and non-members, entrust the VFW with financial contributions and dedicate millions of volunteer hours.



**YOUR DONATION OF**

# \$20

**ENSURES THE VFW CAN**

- ★ Educate 30 separating service members on how to receive their well-earned VA benefits
- ★ Provide 500 minutes of phone time to homesick American troops stationed overseas
- ★ Serve 5 morale-boosting "welcome home" meals for service members recently back from combat
- ★ Help cover rent, utilities or groceries for a military family struggling with the hardships of war

## 1,733

Number of VFW-accredited representatives across America and abroad, helping veterans fight for the VA benefits they have earned.

## \$4.5 billion

The amount in VA benefits the VFW network helped more than 255,000 veterans recover in the last three years.

## 30

Number of times the VFW has testified before Congress in the last 12 months alone. The VFW has been instrumental in virtually every major legislative victory for veterans in the 20th and 21st centuries.

## \$5.5 million

Value of financial assistance awarded to military families since 2004 to help cover basic needs in times of crisis. Nearly 48% of the funds covered basic housing needs.

## 7.6 million+

Number of connections between deployed service members and loved ones made possible by the VFW's "Free Call Days."

## 2,012,631

Number of service members and their family members hosted at VFW Military Assistance Program (MAP) events since 2005.

## \$3.3 million

Amount of scholarships, monetary awards and other incentives the VFW distributes annually to middle and high school students through two major patriotic essay competitions.

## \$1.8 million

Amount of scholarships awarded to more than 444 veterans and service members through VFW's "Sport Clips Help A Hero Scholarship" since January 2014.

Learn more about the VFW's programs and services at [www.vfw.org](http://www.vfw.org).

Updated March 2016

## NO ONE DOES MORE FOR VETERANS.®

# MORE FACTS ABOUT THE VFW



## IMPROVING LIFE IN AMERICA

### 8.9 million

Number of volunteer hours contributed by VFW members annually.

### \$49.3 million

Amount donated annually to local community service projects by VFW members.

## HONORING THE FALLEN

### 10 million

Number of VFW “Buddy”® Poppies distributed by the VFW last year.

### \$13 million

Amount raised through the VFW “Buddy”® Poppy program for needy veterans.

## THE VFW BY THE NUMBERS

### 1.7 million

Number of VFW and VFW Auxiliary members.

### 6,685

Number of VFW Posts worldwide.

## HELPING VETERANS GET JUSTICE

### 66,913

Number of favorable VA claims filed by the VFW's nationwide force of VA-accredited service officers in 2015.

### 13,279

Number of VA claims filed by VFW Benefits Delivery at Discharge (BDD) offices in 2015.

### 19

Number of Benefits Delivery at Discharge offices across the nation, including the military district of Washington, D.C., area.

## HELPING STRUGGLING MILITARY FAMILIES

### 3,847

Number of grants provided to military families facing financial hardship through *VFW Unmet Needs* since 2004.

### \$2,630,993

Amount of grants provided through *VFW Unmet Needs* covering housing for struggling military families since 2004.

### 2,013

Number of military families who received assistance with housing needs since 2004.

## INSPIRING PATRIOTISM IN YOUNG PEOPLE

### 36,435

Number of high school students who competed in the 2015-16 Voice of Democracy competition.

### 131,726

Number of students who competed in the 2015-16 Patriot's Pen competition.

The VFW has fought for veterans, service members and their families since 1899.

## Food Establishment Employee Health Policy Agreement

### Reporting: Symptoms of Illness

I agree to report to the manager when I have:

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, or exposed body part (*such as boils and infected wounds, however small*).

### Reporting: Diagnosed Illnesses

I agree to report to the manager when I have been diagnosed with:

1. Norovirus
2. *Salmonella*
3. *Shigella* spp. infection
4. *E. coli* infection (*Escherichia coli* O157:H7 or other EHEC/STEC infection)
5. Hepatitis A

Note: The **manager must report to the Health Department** when an employee has been diagnosed with one of these illnesses.

### Reporting: Exposure of Illness

I agree to report to the manager when I have been exposed to any of the illnesses listed above through:

1. An outbreak of Norovirus, typhoid fever, *Shigella* spp. infection, *E. coli* infection, or Hepatitis A.
2. A household member with Norovirus, Typhoid fever, *Shigella* spp. infection, *E. coli* infection, or Hepatitis A.
3. A household member attending or working in a setting with an outbreak of Norovirus, Typhoid fever, *Shigella* spp. infection, *E. coli* infection, or Hepatitis A.

### Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you will be **excluded\*** or **restricted\*\*** from work.

*\*If you are excluded from work you are not allowed to come to work.*

*\*\*If you are restricted from work you are allowed to come to work, but your duties may be limited.*

### Returning to Work

\*If you are excluded from work for having diarrhea and/or vomiting, you will not be able to return to work until **more than 24 hours have passed** since your last symptoms of diarrhea and/or vomiting.

\*If you are excluded from work for having jaundice (yellowing of the skin and/or eyes), Norovirus, *Salmonella* Typhii (typhoid fever), *Shigella* spp. infection, *E. coli* infection, and/or Hepatitis A, you will not be able to return to work until **Health Department approval and/or a release from a medical practitioner** is granted.

### Agreement

I understand that I must:

1. Report when I have or have been exposed to any of the symptoms or illnesses listed above; and
2. Comply with work restrictions and/or exclusions that are given to me.

I understand that if I do not comply with this agreement, it may put the health of others and my job at risk.

Food Employee Name (please print) \_\_\_\_\_

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Manager (Person-in-Charge) Name (please print) \_\_\_\_\_

Signature of Manager \_\_\_\_\_ Date \_\_\_\_\_