



APPLICATION FOR AUXILIARY HOSPITAL SERVICE PINS

(To be prepared in triplicate by VAVS Representative at VA Medical Centers or Auxiliary Hospital Chairman at all non-VA Hospitals, Nursing Homes, etc. Send one copy to the Department Hospital Chairman, and send the **ORIGINAL** to the Ladies Auxiliary VFW, Attention: Administrator of Programs, 406 West 34th Street, 10th Floor, Kansas City, Missouri 64111. VAVS Representative or Hospital Chairman shall retain a copy for her files. Pins will be mailed to the person submitting this application.)

Submitted by:

Name
TITLE (VAVS Rep. or Auxiliary Hospital Chairman)

Address City State Mailing Zip

Phone No.: (_____) _____

Signature _____ Date _____

List Auxiliary members entitled to Hospital Service Pins, their Membership ID number, Auxiliary number and lifetime accumulated hours of service.

<u>NAME</u>	<u>MEMBERSHIP ID NO.</u>	<u>AUX. NO.</u>	<u>LIFETIME ACCUMULATED HOURS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPONSORED HOSPITAL VOLUNTEER PIN - OVER 100 HOURS

(ONLY ONE PIN AWARDED DURING VOLUNTEER'S LIFETIME)

<u>NAME</u>	<u>TOTAL ACCUMULATED HOURS</u>
_____	_____
_____	_____
_____	_____

SIGNED _____
Voluntary Service Program Manager VA Hospital Date

SIGNED _____
Supervisor or Chief Nurse Other Facility Date

150 Hours _____	1,500 Hours _____	4,000 Hours _____
300 Hours _____	2,000 Hours _____	5,000 Hours _____
500 Hours _____	2,500 Hours _____	Pear for each additional
1,000 Hours _____	3,000 Hours _____	1,000 Hours _____

Bar Guard for each 1,000 Hours over 9,000 hours _____

TOTAL NO. OF PINS _____ TOTAL NO. SPONSORED PINS _____

NOTE: PLEASE APPLY FOR PINS WHEN ACCUMULATED HOURS ARE EARNED BY VOLUNTEER.