



### **APPLICATION FOR AUXILIARY HOSPITAL AWARDS**

To be filled out in triplicate: one (1) copy must be retained by the VAVS Representative or Auxiliary Hospital Chairman, one copy to the Department Hospital Chairman, and send the **ORIGINAL** to the Ladies Auxiliary VFW National Headquarters, Attention: Administrator of Programs, 406 W. 34th St., 10th Floor, Kansas City, MO 64111.

Submitted by \_\_\_\_\_  
Name TITLE (VAVS Rep. or Hospital Chairman)

\_\_\_\_\_  
Mailing Address City State Zip

Area Code & Phone# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

List Auxiliary members who have recruited one (1) or more volunteers who serve at least six (6) months from July 1, 2010, to May 31, 2011. List Auxiliary number and EXACT number of volunteers recruited. Charm to each Auxiliary member who recruits 1 or more volunteers.

	<u>NAME</u>	<u>MEMBER ID #</u>	<u>AUX.#</u>	<u>NO. RECRUITED</u>	<u>DATE RECRUITED</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

SIGNED: \_\_\_\_\_  
Voluntary Service Program Manager or Supervisor of other hospital Date