



Must be received by **MAY 15, 2012**, to: **Sandi Kriebel, National Hospital & VAVS Director**  
**10372 Tuscany Rd.**  
**Ellicott City, MD 21042-2154**

**“OUTSTANDING HOSPITAL VOLUNTEER”  
NATIONAL AWARD IN EACH MEMBERSHIP GROUP**

The Department Hospital Chairman should select ONE “Outstanding Hospital Volunteer” from the Department, complete this form and return it to the National Director so it is received by May 15, 2011. The “Hospital Volunteer” may be any Auxiliary member who serves as a Ladies Auxiliary VFW Hospital Volunteer in any medical facility in your Department (VAMC, military, community, children's hospital, nursing home, therapy center or clinic). VAVS Representatives and Deputies are also eligible to be considered as Outstanding Hospital Volunteer. Volunteer hours at VA and non-VA facilities may be combined for award purposes.

THE VOLUNTEER MUST SERVE FROM JUNE 1, 2011, THROUGH APRIL 30, 2012.

NAME OF OUTSTANDING HOSPITAL VOLUNTEER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(INCLUDE CITY, STATE, ZIP)

AUXILIARY NAME & NUMBER: \_\_\_\_\_  
(WHERE MEMBERSHIP IS HELD)

MEDICAL FACILITY WHERE SHE SERVES: \_\_\_\_\_

1. How long has she been a Ladies Auxiliary VFW Hospital Volunteer? \_\_\_\_\_

2. Number of hours served from 6/1/11 to 4/30/12? \_\_\_\_\_

3. Total hours served as Hospital Volunteer (lifetime hours)? \_\_\_\_\_

4. What weekly or monthly Hospital programs has she participated in? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What are her volunteer assignments? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE ATTACH A SEPARATE SHEET WITH DETAILED INFORMATION ON “WHY THIS AUXILIARY MEMBER IS AN OUTSTANDING HOSPITAL VOLUNTEER”

SIGNED: \_\_\_\_\_ DEPARTMENT OF \_\_\_\_\_  
(DEPARTMENT HOSPITAL CHAIRMAN)

MEMBERSHIP GROUP \_\_\_\_\_

RECEIVED BY NATIONAL DIRECTOR \_\_\_\_\_  
(DATE)