



APPLICATION FOR VFW AUXILIARY HOSPITAL SERVICE PINS

(To be prepared in triplicate by VFW Auxiliary Hospital Chairman. Send one copy to the Department Hospital Chairman, and send the **ORIGINAL** to the VFW Auxiliary, Attention: Administrator of Programs, 406 West 34th Street, 10th Floor, Kansas City, Missouri 64111. VFW Auxiliary Hospital Chairman shall retain a copy for her files. Pins will be mailed to the person submitting this application.)

Submitted by:

Name _____ VFW Auxiliary Hospital Chairman

Mailing Address _____ City _____ State _____ Zip _____

Phone No.: (_____) _____

Signature _____ Date _____

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

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

SPONSORED HOSPITAL VOLUNTEER PIN - OVER 100 HOURS (For non-Auxiliary members only.)
(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 _____
- 300 Hours _____
- 500 Hours _____
- 1,000 Hours _____
- 1,500 Hours _____
- 2,000 Hours _____
- 2,500 Hours _____
- 3,000 Hours _____
- 4,000 Hours _____
- 5,000 Hours _____
- Pearl for each additional
- 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.