UNWAVERING SUPPORT

FOR UNCOMMON HEROES

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.

NAME	MEMBERSHIP ID NO.	AUX. NO.	ACCUMULATED HOURS

SPONSORED HOSPITAL VOLUNTEER PIN - OVER 100 HOURS (For non-Auxiliary members only.)

(ONLY ONE PIN AWARDED DURING VOLUNTEER'S LIFETIME)

NAME	TOTAL ACCUMULATED HOURS

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.

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