

Department of Minnesota  
VFW Auxiliary  
"OUTSTANDING HOSPITAL VOLUNTEER"  
2018-2019

The Auxiliary Hospital Chairman should select ONE "Outstanding Hospital Volunteer" of the year, complete this form and mail to the Department Hospital Chairman. The deadline is MARCH 1<sup>st</sup>. The Hospital Volunteer may be any VFW Auxiliary member who serves as a VFW Auxiliary Hospital Volunteer in any medical facility in our department, (VAHCS, Military, Community, Children's Hospital, Nursing Home, Therapy center or Clinic). VAVS Representatives and Deputies are also eligible to be considered as Outstanding Hospital Volunteers. Volunteer hours at VA and non-VA facilities may be considered for award purposes.

**THE VOLUNTEER MUST SERVE FROM MARCH 1, 2018 THROUGH FEBRYARY 28, 2019**

Name of Outstanding Hospital Volunteer \_\_\_\_\_

Address \_\_\_\_\_

VFW Auxiliary Name & Number \_\_\_\_\_

Medical facility where member serves \_\_\_\_\_

How long has he/she been a VFW Auxiliary Hospital Volunteer? \_\_\_\_\_

Number of hours served from 3/1/2018 through 2/28/2019. \_\_\_\_\_

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

What weekly or monthly hospital programs had the member participated in? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are his/her volunteer assignments? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach a separate sheet with detailed information on WHY this member is an Outstanding Hospital Volunteer.

Auxiliary Hospital Chairman

Mail To

\_\_\_\_\_  
(signature)

Karen Haugen, Department Hospital Chairman  
1810 17<sup>th</sup> St S.  
Moorhead, MN 56560

Phone Number \_\_\_\_\_

Phone # 701-367-1518  
email: [karenhaugen@midco.net](mailto:karenhaugen@midco.net)

Date \_\_\_\_\_

**DUE MARCH 1<sup>ST</sup>, 2019**