## 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 34<sup>th</sup> Street, 10<sup>TH</sup> 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.)

Name	VFW Auxiliary Hospital Chairman					
Mailing Address		City		State Zi	р	
Phone No.: ()						
Signature		D	ato			
	ixiliary members entitled to H VFW Auxiliary number and l	ospital Service Pins	s, their Membe	rship ID number,		
NAME	MEMBERSHIP ID		AUX. NO.		ATED HOURS	
SDONSODED L	OSPITAL VOLUNTEER PIN - C	WED 100 HOLIDS /	Ear nan Auvilia	ry mombors on	Ju 1	
SPONSORED P	ONLY ONE PIN AWARDE	•		ary members on	<u> 114.7</u>	
NAME	•		,	OTAL ACCUMUL	ATED HOURS	
<del></del>						
CICNED						
SIGNEDVoluntary Servi	ce Program Manager	VA Hospital			 Date	
CICNED						
SIGNEDSupervisor or Ch	 ief Nurse	Other Facility		 Da	te	
33,70.1.33. 01 01		,		54		
L50 Hours	1,500 Hours		4,00	00 Hours		
300 Hours	2,000 Hours		5,00	00 Hours		
500 Hours	2,500 Hours		Pear	rl for each addit	ional	
1,000 Hours	3,000 Hours			1,000	Hours	
	Bar Guard for each 1,000 H	lours over 9,000 h	ours			
TOTAL NO. OF PINS	PINS TOTAL NO. SPONSORED PINS					

NOTE: PLEASE APPLY FOR PINS WHEN ACCUMULATED HOURS ARE EARNED BY VOLUNTEER.