

UNWAVERING SUPPORT



FOR UNCOMMON HEROES

**Must be received by March 15, 2018, to: Janice Holm
National Hospital Ambassador**

**"OUTSTANDING HOSPITAL VOLUNTEER"
NATIONAL AWARD IN EACH Program Division**

The Department Hospital Chairman should select ONE "Outstanding Hospital Volunteer" from the Department, complete this form and return it to the National Ambassador so it is received by March 15, 2017. The "Hospital Volunteer" may be any VFW Auxiliary member who serves as a VFW Auxiliary 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 March 1, 2017, THROUGH February 28, 2018.

NAME OF OUTSTANDING HOSPITAL VOLUNTEER: _____

ADDRESS: _____
CITY STATE ZIP

VFW AUXILIARY NAME & NUMBER: _____
(WHERE MEMBERSHIP IS HELD)

MEDICAL FACILITY WHERE MEMBER SERVES: _____

1. How long has he/she been a VFW Auxiliary Hospital Volunteer? _____

2. Number of hours served from 3/1/17 to 2/28/18? _____

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

4. What weekly or monthly Hospital programs has the member participated in? _____

5. What are his/her volunteer assignments? _____

PLEASE ATTACH A SEPARATE SHEET WITH DETAILED INFORMATION ON "WHY THIS VFW AUXILIARY MEMBER IS AN OUTSTANDING HOSPITAL VOLUNTEER".

SIGNED: _____ DEPARTMENT OF _____
(DEPARTMENT HOSPITAL CHAIRMAN)

Program Division _____

RECEIVED BY NATIONAL AMBASSADOR _____
DATE