



APPLICATION FOR JUNIOR GIRLS HOSPITAL VOLUNTEER PINS

To be filled out in triplicate by the Auxiliary Youth Activities Chairman. Forward three copies to the Department Youth Activities Chairman to be approved. She will keep one copy for her files, forward one copy to the Department Hospital Chairman and one copy to the Ladies Auxiliary VFW – 406 W. 34th Street, 10th Floor, Kansas City, MO 64111. The Programs Department will mail the service pins. All hours must be verified by the Voluntary Service Program Manager or Supervisor at the hospital or nursing home where the hours are volunteered.

DATE _____

Submitted by:

Send Pins to:

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

TITLE _____

TITLE _____

List Junior Girls who are entitled to hospital volunteer Pins, their Unit number and exact number of hours. Only the pin indicating the highest number of hours will be mailed. Pins will be sent to Auxiliary Youth Activities Chairman for presentation.

<u>NAME</u>	<u>UNIT #</u>	<u>EXACT NO. OF HOURS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIGNED: _____
Voluntary Service Program Manager or Supervisor of hospital, or nursing home, etc.

FACILITY _____ DATE _____

50- HOUR PIN _____

100- HOUR PIN _____

200-HOUR PIN _____

300-HOUR PIN _____

400-HOUR PIN _____

500-HOUR PIN _____

APPROVED:

DEPT. YOUTH ACTIVITIES CHAIRMAN

DATE: _____