APPLICATION FOR AUXILIARY HOSPITAL AWARDS,

To be filled out in triplicate: one (1) copy must be retained by the VAVS Representative of Auxiliary Hospital Chairman, one copy to the Department Hospital Chairman, and send the **ORIGINAL** to the Ladies Auxiliary VFW National Headquarters, Attention: Administrator of Programs, 406 W. 34th St., 10th Floor, Kansas City, MO 64111.

Submitted by _____
Name TITLE (VAVS Rep. or Hospital Chairman)

_____
Mailing Address City State Zip

Area Code & Phone # _____

Signature _____ Date _____

List Auxiliary members who have recruited one (1) or more volunteers who serve at least six (6) months from July 1, 2009, to May 31, 2010. List Auxiliary number and EXACT number of volunteers recruited. Charm to each Auxiliary member who recruits 1 or more volunteers.

	NAME	MEMBER ID #	AUX. #	NO. RECRUITED	DATE RECRUITED
1.					
2.					
3.					
4.					
5.					

SIGNED: _____
Voluntary Service Program Manager or Supervisor or other Hospital Date