APPLICATION FOR AUXILIARY HOSPITAL SERVICE PINS

(To be prepared in triplicate by VAVS Representative at VA Medical Centers or Auxiliary Hospital Chairman at all non-VA Hospitals, Nursing Homes, etc. Send 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. VAVS Representative or Hospital Chairman shall retain copy for her files. Pins will be mailed to the person submitting this application.)

Submitted by _____
Name Title (VAVS Representative or Hospital Chairman)

_____
Mailing Address City State Zip

Area Code & Phone # _____

Signature _____ Date _____

List Auxiliary members entitled to Hospital Service Pins, their Auxiliary numbers, and total accumulated hours of service.

NAME	MEMBER ID#	AUX. NO.	TOTAL ACCUMULATED HOURS

150 Hours _____ 1,500 Hours _____ 4,000 Hours _____
300 Hours _____ 2,000 Hours _____ 5,000 Hours _____
500 Hours _____ 2,500 Hours _____ Pearl for each additional
1,000 Hours _____ 3,000 Hours _____ 1,000 Hours _____

Bar Guard for each 1,000 Hours over 9,000 _____

TOTAL NO. OF PINS _____ TOTAL NO. SPONSORED PINS _____

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

SPONSORED HOSPITAL VOLUNTEER PIN – OVER 100 HOURS

NAME	TOTAL ACCUMULATED HOURS

SIGNED _____
Voluntary Service Program Manager VA Hospital Date

SIGNED _____
Supervisor or Chief Nurse Other Facility Dat