

Must be received by MAY 15, 2010, to: Rosetta Quartarone, National Hospital & VAVS Director
407 Southwest Laconic Avenue
Port St. Lucie, FL 34953-3036

TO DEPARTMENT HOSPITAL CHAIRMAN - (COPY TO DEPARTMENT PRESIDENT)

RE : "OUTSTANDING HOSPITAL VOLUNTEER" NATIONAL AWARD IN EACH MEMBERSHIP GROUP

The Department Hospital Chairman should select ONE "Outstanding Hospital Volunteer" from the Department, fill out this form and return it to the National Director so it is received by MAY 15, 2010. The "Hospital Volunteer" may be any Auxiliary member who serves as a Ladies Auxiliary VFW Auxiliary Hospital Volunteer, in ANY of the medical facilities in your Department (VAMC, military, community, children's hospitals, nursing homes, therapy centers, clinics, etc.) This would also include your VAVS Representatives and Deputy Representatives.

If you do not wish to make a decision on the award, ask your Department President to select a committee to do the judging, but SEND AN ENTRY TO ME!

THE CRITERIA MUST BE FROM JUNE 1, 2009, THROUGH APRIL 30, 2010.

NAME OF OUTSTANDING HOSPITAL VOLUNTEER _____

ADDRESS _____
(INCLUDE CITY, STATE, ZIP)

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

MEDICAL FACILITY WHERE SHE SERVES _____

1. How long has she been a Ladies Auxiliary VFW Hospital Volunteer? _____
2. Total volunteer hours served during 2009-2010? _____
3. Total hours served as Hospital Volunteer? _____
4. What weekly or monthly Hospital programs has she participated in? _____

5. What are her volunteer assignments? _____

COMMENTS: PLEASE ATTACH A SEPARATE SHEET with detailed information on "WHY THIS AUXILIARY MEMBER IS AN OUTSTANDING HOSPITAL VOLUNTEER." THIS IS IMPORTANT!!

SIGNED: _____ DEPARTMENT OF _____
(DEPARTMENT HOSPITAL CHAIRMAN)

MEMBERSHIP GROUP _____

RECEIVED BY NATIONAL DIRECTOR _____
(DATE)

(Volunteer hours at VA and non- VA facilities may be combined for award purposes.)