

UNWAVERING SUPPORT



FOR UNCOMMON HEROES

APPLICATION FOR VFW AUXILIARY HOSPITAL RECRUITING AWARDS

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

Submitted by: _____
Name Title (VAVS Rep. or Auxiliary Hospital Chairman)

Mailing Address: _____

City State Zip

Phone: (_____) _____

Signature: _____

Charm to each VFW Auxiliary member recruiting one or more hospital volunteers between July 1, 2016, and March 31, 2017. Be sure all information below is complete.

| | <u>Member Recruiting</u> | <u>Member ID Number</u> | <u>Auxiliary Number</u> | <u>Number Recruited</u> | <u>Date Recruited</u> |
|----|--------------------------|-------------------------|-------------------------|-------------------------|-----------------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ |

SIGNED: _____
Voluntary Service Program Manager or Supervisor of other hospital Date