

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:

**VFW Auxiliary National Headquarters
Programs Administrator
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.
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