UNWAVERING SUPPORT

FOR UNCOMMON HEROES

APPLICATON FOR LADIES AUXILIARY HOSPITAL AWARDS

To be filled out in triplicate: one (1) copy must be retained by the VAVS Representative or Ladies Auxiliary Hospital Chairman, one copy to the Department Hospital Chairman, and send the **ORIGNIAL** to the Ladies Auxiliary VFW National Headquarters, Attention: Director of Programs & Communications, 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 Ladies Auxiliary member recruiting one or more hospital volunteers between July 1, 2015, and March 31, 2016. Be sure all information below is complete.

	Member Recruiting	Member ID Number	Auxiliary Number	Number Recruited	Date Recruited
1.					
2.					
3.					
4.					
5.					

SIGNED: _____

Voluntary Service Program Manager or Supervisor of other hospital Date