



**APPLICATION FOR LADIES AUXILIARY HOSPITAL SERVICE PINS**

(To be prepared in triplicate by Ladies Auxiliary Hospital Chairman. Send one copy to the Department Hospital Chairman, and send the **ORIGINAL** to the Ladies Auxiliary VFW, Attention: Director of Programs, 406 West 34<sup>th</sup> Street, 10<sup>th</sup> Floor, Kansas City, Missouri 64111. Ladies Auxiliary Hospital Chairman shall retain a copy for her files. Pins will be mailed to the person submitting this application.)

Submitted by: \_\_\_\_\_

Name \_\_\_\_\_ Ladies Auxiliary Hospital Chairman

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No.: ( \_\_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*List Ladies Auxiliary members entitled to Hospital Service Pins, their Membership ID number, Ladies Auxiliary number and lifetime accumulated hours of service.*

<u>NAME</u>	<u>MEMBERSHIP ID NO.</u>	<u>AUX. NO.</u>	<u>ACCUMULATED HOURS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SPONSORED HOSPITAL VOLUNTEER PIN - OVER 100 HOURS**  
*(ONLY ONE PIN AWARDED DURING VOLUNTEER'S LIFETIME)*

<u>NAME</u>	<u>TOTAL ACCUMULATED HOURS</u>
_____	_____
_____	_____
_____	_____

SIGNED \_\_\_\_\_  
 Voluntary Service Program Manager                      VA Hospital                      Date

SIGNED \_\_\_\_\_  
 Supervisor or Chief Nurse                      Other Facility                      Date

- |                   |                   |                           |
|-------------------|-------------------|---------------------------|
| 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 hours \_\_\_\_\_

TOTAL NO. OF PINS \_\_\_\_\_                      TOTAL NO. SPONSORED PINS \_\_\_\_\_

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