



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 34th Street, 10th 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.