



VETERANS OF FOREIGN WARS OF THE UNITED STATES

www.vfw.org | info@vfw.org

VFW Community Health Care Volunteer Program pin request form  
 Department of \_\_\_\_\_

This will certify the following volunteers are entitled to VFW Volunteer Awards for service under sponsorship of the VFW.

PRINT NAME	<b><u>MANDATORY</u></b> POST # OR NON-MEMBER, if non-member is this person affiliated with a post, if so, which one. Non-Members are eligible for certificates only for actual hours worked	HOURS SERVED	AWARD ISSUED (NAT. USE ONLY)

Name of Facility: \_\_\_\_\_  
 Signed by: \_\_\_\_\_ Facility Volunteer Coordinator  
 Signed by: \_\_\_\_\_ Post Hospital Chairman  
 Signed by: \_\_\_\_\_ Department Hospital Chairman

MAIL AWARDS TO:

NAME: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 PHONE (MUST HAVE): \_\_\_\_\_  
 SIGNED BY: \_\_\_\_\_

Dept Commander, Adjutant, or Dept Hospital Chairman

Appendix A

**NO ONE DOES MORE FOR VETERANS.**