

VOLUNTEER AWARD REQUEST FORM

This form certifies that the following is entitled to a VFW National Community Service Volunteer Award for service as a VFW representative. A pin will be issued for his/her volunteer work with a community volunteer service organization. (For Hospital volunteer recognition awards please contact your Department Hospital Chairman.)

Volunteer's Name: _____

Post # _____ Hours Served: _____ VFW/Aux. Membership # _____

Award Issued (National use only): _____

Awards for 1,000 hours or more may be the accumulation of volunteer service hours from up to three community service organizations.

Community Service Organization: _____ Phone # _____

Signed by: _____ Date: _____

For 1,000 or more hours, add two additional organizations below.

Community Service Organization: _____ Phone # _____

Signed by: _____ Date: _____

Community Service Organization: _____ Phone # _____

Signed by: _____ Date: _____

Post Commander's Signature: _____ Date: _____

Department Adjutant's Signature _____ Date: _____

MAIL AWARD TO:

Post Commander's Name: _____

Address: _____

Telephone # _____ (Required for delivery)

Department Adjutant, please forward or fax to:

**Programs Department
VFW National Headquarters
406 W. 34th Street
Kansas City, MO 64111
Fax: 816.968.2779**

Revised Date 9/19