



Application for VFW Auxiliary Hospital Recruiting Charm for VFW Auxiliary Members, Sponsored Hospital Volunteers and Student Volunteers

- A VAVS Representative or VFW Auxiliary Hospital Chairman will complete three copies of the application.
- A VAVS Representative or VFW Auxiliary Hospital Chairman will retain one copy for their file, forward one copy to the Department Hospital Chairman and send the original to the VFW Auxiliary National Headquarters.

**VFW Auxiliary National Headquarters
Attention: Program Awards Administrator
406 W. 34th Street, 10th Floor
Kansas City, MO 64111**

- A Voluntary Service Program Manager or a Supervisor of the hospital MUST sign and date the form to verify the recruitment of volunteers.
- Charms will be mailed to the VAVS Representative or the VFW Auxiliary Hospital Chairman submitting the application.
- Only one charm will be awarded to each VFW Auxiliary Hospital recruiter per Program Year.

Submitted by: _____
VAVS Representative or VFW Auxiliary Hospital Chairman

 Mailing Address City State ZIP

Phone:(____)_____ Date:_____ Signature:_____

Please **PRINT** VFW Auxiliary Member information

Recruiter Name	Recruiter Membership Number	Recruiter Auxiliary Number	Number of volunteers recruited	Date volunteered

Please **PRINT** Sponsored Hospital Volunteers / Student Volunteers information

Recruiter Name	Sponsored Auxiliary Number	Number of volunteers recruited	Date volunteered

Signature of Voluntary Service Program Manager or Supervisor of Hospital **Date**