UNWAVERING SUPPORT

FOR UNCOMMON HEROES®

Application for VFW Auxiliary Hospital Service Pins and Bar Guards for VFW Auxiliary Members

Apply for pins and bars when accumulated hours are earned.

- A VAVS Representative or VFW Auxiliary Hospital Chairman will complete three copies of the application.
- A Voluntary Service Program Manager, a Supervisor or Chief Nurse of the VA Hospital or non-VA facility MUST sign and date the form to verify volunteer hours.
- 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

- Pins and bar guards will be mailed to the VAVS Representative or the VFW Auxiliary Hospital Chairman submitting the application.

Submitted by:_____
VAVS Representative or VFW Auxiliary Hospital Chairman

_____
Mailing Address City State ZIP

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

Please **PRINT** VFW Auxiliary Member information

VFW Auxiliary Member Name	Membership Number	Auxiliary Number	Accumulated Hours

Indicate quantity of **pins** requested

150 Hours	1,500 Hours	4,000 Hours	8,000 Hours
300 Hours	2,000 Hours	5,000 Hours	9,000 Hours
500 Hours	2,500 Hours	6,000 Hours	
1,000 Hours	3,000 Hours	7,000 Hours	Total quantity of Pins_____

Indicate quantity of **bar guards** requested

10,000 Hours	11,000 Hours	12,000 Hours	13,000 Hours	14,000 Hours	15,000 Hours	Other

_____
Signature of Voluntary Service Program Manager, Supervisor or Chief Nurse of VA Hospital or non-VA Hospital **Date**

Revised 6-2020