

**NOMINATION FORM FOR
OUTSTANDING HOSPITAL VOLUNTEER**

Mail to Department Chairman no later than April 10, 2011

AUXILIARY _____ **NUMBER** _____ **DISTRICT** _____

Select one Outstanding Hospital Volunteer from your Auxiliary. The Volunteer may be any Auxiliary Member who has served as a Volunteer in one of the medical facilities in our Department (VAMC, Service Hospitals, Local State or Children's Hospitals, Rest Homes or Convalescent Homes.) VAVS Representatives and Deputies are also included.

First Place winner will be forwarded to National to compete in our Division

Name of Volunteer: _____
(Please type or print)

Complete Mailing Address: _____

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1. How long has she been a VFW Auxiliary Volunteer? _____
 2. Total Volunteer hours served during 2010-2011? _____
 3. Total hours served as Hospital Volunteer _____
 4. What weekly or monthly Hospital Program has she participated in? _____

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5. What are her volunteer assignments? _____
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Please attach on separate sheet/sheets detailed information as to why this Auxiliary Member is an **“Outstanding Hospital Volunteer”** You may include pictures and newspaper articles telling of her hospital work, copies of Hospital Awards she has received.