

Volunteer Award

REQUEST FORM

This form will certify 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.)

Name: _____

VFW/Aux. Card No. (indicate if non-member _____) Hours Served: _____

Post # _____ 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 _____

Signed by: _____ Phone # _____

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

Community Service Organization _____

Signed by: _____ Phone # _____

Community Service Organization _____

Signed by: _____ Phone # _____

Post Commanders Signature _____ Date: _____

Dept. Adjutant's Signature _____ Date: _____

MAIL AWARD TO:

Post Commander's Name: _____

Address: _____

Phone # must be filled in for Delivery: _____

Please send this form to Department Headquarters by May 4, 2012:

Department Adjutant, please forward to:
VFW Programs
VFW National Headquarters
406 W 34 St
Kansas City, MO 64111
Fax: (816) 968-1149