

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 No. _____

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) 968-1149**

Revised date 11/15/18