

# Volunteer Award

# Special Projects

## 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: \_\_\_\_\_

POST # OR NON-MEMBER (Indicate which) \_\_\_\_\_ 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 additional organizations below.

Community Service Organization \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Signed by: \_\_\_\_\_ Date \_\_\_\_\_

Community Service Organization \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Signed by: \_\_\_\_\_ Date \_\_\_\_\_

Post Commander's Signature \_\_\_\_\_ Date \_\_\_\_\_

Dept. Adjutant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### MAIL AWARD TO:

Post Commander's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # must be filled in for Delivery ( ) \_\_\_\_\_

### Department Adjutant, please forward to:

Community Service Department  
VFW National Headquarters  
406 W. 34th St.  
Kansas City, MO 64111  
Fax: (816) 968-1149