

# VA VOLUNTEER AWARD

AMERICAN LEGION VA VOLUNTEER NOMINATION FORM:

Name: \_\_\_\_\_

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

\_\_\_\_\_  
(City, State & Zip)

Phone: \_\_\_\_\_

Post Name & No: \_\_\_\_\_ District: \_\_\_\_\_ Division: \_\_\_\_\_

Post Address: \_\_\_\_\_  
(City, ST & Zip)

VAMC or Outpatient Clinic: \_\_\_\_\_

Number of Years Volunteering: \_\_\_\_\_

Number of Hours Volunteering: \_\_\_\_\_

1. Submit a brief summary of qualifications for Outstanding Volunteer to include duties.
2. Must be submitted by either an American Legion Post or an American Legion VAVS Hospital representative.
3. Include a brief endorsement from Chief of Voluntary Services.
4. Deadline for nominations is December 31<sup>st</sup>, with selection to be made at the VA &R Commission meeting during the Mid-Winter Conference.
5. Presentation of Awards will be at the Department Convention.

SUBMITTED BY:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

**Application Form must be received at Department Headquarters by December 31<sup>st</sup>.**