



AMERICAN LEGION AUXILIARY
 Department of California
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Veterans Affairs & Rehabilitation Pin/Hour Bar Certification Form

Hospital Service (Facility Volunteer Pin)
 Certified by Administrative Director of Facility and ALA Hospital Representative

Fill in this portion of form to order Hospital Service pin.

This is to certify that _____, member of Unit/Post _____, District ____, has volunteered **fifty** hours or more as a Hospital Service Volunteer as of _____ entitling her/him to a Hospital Service or otherwise called Facility Volunteer Pin.

Enclosed is check # _____ in the amount of \$15.00 which includes the cost of the pin, tax, and postage/handling

Fill in this portion of form for hospital service hour bars (50, 100, 300, 500, 1,000 hours)

This is to certify that _____, member of Unit/Post _____, District ____, has volunteered _____ hours as of _____ entitling her/him to a _____ hour Hospital Service bar.

There is no charge for hospital service hour bars. These bars are ordered from National at no charge.

Administrative Director of Facility	ALA Hospital Representative
Facility Name	Address
	City/State/Zip

Mail a copy of this form to the Department VA&R Chairman.