



AMERICAN LEGION AUXILIARY
 Department of California
 401 Van Ness Ave., Ste 319
 San Francisco, California 94102-4570
 (415) 861-5092 FAX (415) 861-8365
 E-mail: calegionaux@calegionaux.org

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

Submit a copy of this form to the Department VA&R Chairman.
kathie_martinez@genpt.com