



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 Certification Form

Non-Affiliated Volunteer
 Certified by Administrative Director of Facility and ALA Hospital Representative

Use this form to certify hours of service and order recognition pins.

This is to certify that _____, has volunteered *fifty* hours
 or more as a Non-Affiliated Volunteer as of _____ entitling
Date
 her/him to a Non-Affiliated Volunteer Pin.

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

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 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