



AMERICAN LEGION AUXILIARY
 Department of California
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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



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.