



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

VolunTeen Hospital-Field Service
 Certified by Administrative Director of Facility and ALA Hospital Representative
Or
 Unit VA&R Chairman and Unit President

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

This is to certify that _____, member of Unit/Post
Member's Name
 _____, District _____,
Unit/Post Name Number

has volunteered ***fifty hours or more*** as a VolunTeen Hospital-Field Service

Volunteer as of _____ entitling her/him to a VolunTeen
 Hospital-Field Service 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

 Unit VA&R Chairman Signature

 Unit President Signature

 Address

 City/State/Zip

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