NOMINATION FORM FOR "OUTSTANDING HOSPITAL VOLUNTEER"

One Outstanding I er who has served tient Clinic, Local sentatives and Dep lace winner will b	Hospit l as a ` , State uties a e forwa	al Voluntee Volunteer i or Children re also incl arded to Na	er from your n one of th n's Hospital uded. utional to co	Auxiliary. ' e medical fa s, Rest Hom mpete in our	The Vo cilities es and Divisi	olunteer m in our D Convalese	ay be any Aux epartment (VA	MĊ,
		(P	lease type o	r print)				
lete Mailing Addre	ess:							
Total volunteer h Total hours serve	ours se d as H	erved durin ospital Vol	g 2023-2024 unteer?	4?				in?
What are the volu	inteer'	s assignme	nts?					
	iary Name One Outstanding I er who has served tient Clinic, Local, sentatives and Dep Place winner will b of Volunteer lete Mailing Addre How long has he/ Total volunteer h Total hours serve What weekly	iary Name One Outstanding Hospit er who has served as a tient Clinic, Local, State sentatives and Deputies a Place winner will be forw of Volunteer lete Mailing Address: How long has he/she be Total volunteer hours set Total hours served as H What weekly or	iary Name One Outstanding Hospital Volunteer er who has served as a Volunteer is tient Clinic, Local, State or Children sentatives and Deputies are also incl Place winner will be forwarded to Na of Volunteer	iary Name One Outstanding Hospital Volunteer from your er who has served as a Volunteer in one of th tient Clinic, Local, State or Children's Hospital sentatives and Deputies are also included. Place winner will be forwarded to National to co of Volunteer	iary Name	iary Name	hary Name	Place winner will be forwarded to National to compete in our Division. of Volunteer

Very Important: Please attach on a separate sheet(s) any detailed information as to why this Auxiliary member is an **"Outstanding Hospital Volunteer**". You may include pictures, newspaper articles telling of his/her hospital work, copies of awards, etc.

NOMINATION FORM FOR "OUTSTANDING HOSPITAL YOUTH VOLUNTEER"

(Nomination must be received by Department Chairman no later than March 31, 2024)

Auxili	iary Name Nu	umber .		District		
	iary Name Nu Iospital Youth Volunteer can be nominated for thei helping with patient care or Outpatient Clinic.	r hours	volunteer	ed at any	hospital,	nursing
Name	of Volunteer(Please type or print	clearly				
Compl	lete Mailing Address	-				
Name	and telephone number of person nominating Youth					_
1.	Total volunteer hours during 2023-2024?					_
2.	What weekly or monthly programs has he/she part					-
3.						_

Very Important: Please attach on a separate sheet of paper why he/she should receive "**The Outstanding Hospital Youth Volunteer Award**". You may include pictures, newspaper clippings, whatever information that will help us get to know the applicant for this award.

"Wind Beneath Our Veterans Wings" "Banding Together for Our Veterans"