

THE AMERICAN LEGION
Department of Pennsylvania

HOSPITAL VOLUNTEER OF THE YEAR AWARD APPLICATION

(Includes VA Hospital and State Veterans' Centers)

A nomination is hereby made of a Legionnaire volunteer who consistently renders service and assistance through the American Legion Rehabilitation and/or Hospital Entertainment programs without any monetary or special recognition for his/her dedication in serving others and who excels in his/her dedication to rehabilitation and/or hospital work.

NOMINEE NAME: _____ I.D. NO. _____

MEMBER OF POST NAME: _____ POST NO. _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DISTRICT: _____ SECTION: _____

THIS NOMINATION IS BEING SUBMITTED BY:

NAME OR POST: _____ POST NO. _____

ADDRESS: _____

CITY/STATE/ZIP: _____

BASIS FOR CONSIDERATION: (Please use space below and additional sheet, if necessary, to describe the activities and/or accomplishments of nominee. Supporting documents or clippings should be attached and submitted with this nomination form)

Signature of Nominator or Post Officer

Title (if Post is Nominating)

Date

MAIL TO:
THE AMERICAN LEGION
PO BOX 2324
HARRISBURG PA 17105-2324

DEADLINE: MAY 22, 2015

RULES

1. Nominee must be current member of The American Legion and certified by the Post Commander or the Post Adjutant.
2. Nomination form must be filled in completely and fully documented at the time of submission.
3. Nomination must be submitted by someone other than the nominee.
4. **Nomination to be considered for the 2014-2015 award must be received at State Headquarters by May 22, 2015** (Any nominations received after that date will be returned to the sponsor).
5. Selection will be made of one first place award with the approval of the Department Commander.
6. Award may not be won two consecutive years.