

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 Convalescence 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. \_\_\_\_\_

POST NAME: \_\_\_\_\_ POST NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

DISTRICT: \_\_\_\_\_ SECTION: \_\_\_\_\_

THIS NOMINATION IS BEING SUBMITTED BY: POST COMMANDER \_\_\_\_\_ ADJUTANT \_\_\_\_\_

POST NAME: \_\_\_\_\_ POST NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

***BASIS FOR CONSIDERATION:*** (Please use additional sheet to describe the activities and/or accomplishments of nominee. Supporting documents or clippings, photo's, articles **must** be submitted with this form. To be nominated by Post Commander or Adjutant.

\_\_\_\_\_  
Signature of Nominating Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

MAIL TO:  
THE AMERICAN LEGION  
P.O. BOX 2324  
HARRISBURG, PA. 17105-2324

**DEADLINE: MAY 22, 2025**

- 1. Nomination form must be filled in completely and fully documented at time of submission.**
2. Nominee must be a current member of the American Legion, & certified by Commander or Adjutant
3. Award may not be won two consecutive years. No committee member can win award.
4. Nomination must be submitted by someone other than nominee.
5. Must be received by date above or it will be voided.
6. Selection will be made of one first place award with the approval of the Department Commander