

LADIES AUXILIARY VFW OUTSTANDING COMMUNITY VOLUNTEER OF THE YEAR

ELIGIBILITY

- Must have been a member of the Ladies Auxiliary VFW for at least five years.
- Cannot be nominated for the Ladies Auxiliary VFW Outstanding Hospital Volunteer of the Year in the same year as nominated for this award.
- Former National winners are not eligible to compete again.

PROCEDURE

- Auxiliaries will nominate appropriate members for this award by completing applications and sending it to the Department Community Service Chairman.
- The Department Community Service Chairman will arrange for judges and forward the winning application to:
Administrator of Programs
Ladies Auxiliary VFW
406 W. 34th St., 10th Floor
Kansas City, MO 64111.
- The recipient of this special honor will be selected from the applications sent to National Headquarters.
- The Administrator of Programs will arrange for the National judging committee.

DEADLINES

- The Department Community Service Chairman must receive the applications for judging by **February 14, 2009.**
- National Headquarters must receive the Department winning entry by **March 10, 2009.**

NATIONAL AWARDS

- National winner will receive an award plaque.

ADDITIONAL INFORMATION

- Please complete application in its entirety. Do not send more than three additional pages.
- Do not send scrapbooks or photos.
- Application must be accompanied by the following letters of recommendation:
 - a. Letter of recommendation from the member nominating the volunteer.
 - b. Letter of recommendation from another organization by the person representing that organization (Example: If the person writing a recommendation is Executive Director of the American Heart Association, the letter should be on the Association's letterhead.)



LADIES AUXILIARY VFW
OUTSTANDING COMMUNITY VOLUNTEER OF THE YEAR APPLICATION
(To be completed by Volunteer Nominated)

Name _____

Address _____

City, State & Zip _____

Home Phone (_____) _____ Work Phone (_____) _____

Are you allowed to receive calls at work? _____

Husband's name, if applicable _____

Name and Number of Auxiliary _____

Year, name and number of Auxiliary you first joined _____

Why did you become a volunteer? _____

Explain your volunteer activities during the past year: _____

Explain your volunteer activities prior to that: _____

Describe your most rewarding and/or unusual experience as a volunteer: _____



**LADIES AUXILIARY VFW
OUTSTANDING COMMUNITY VOLUNTEER OF THE YEAR
NOMINATING FORM
(To be completed by Nominator)**

Auxiliary Name _____ Number _____

Auxiliary Address (city & state) _____

Name of Member Nominating _____

Address _____

City, State & Zip _____

Phone No. (_____) _____ Current Office _____

Name of Nominee _____ Membership Card No. _____

Member since _____ Number of years in this Auxiliary _____

Is this member Active _____ or Inactive _____ in this Auxiliary?