AMERICAN LEGION AWARDS

DEPARTMENT OF VETERANS AFFAIRS VOLUNTARY SERVICE PROGRAM

Medical Center/Clinic _____ Date _____

NAME OF VOLUNTEER	TOTAL VOLUNTEER HOURS TO DATE

_____ _____ _____

Voluntary Service Program Manager | Department Adjutant | VAVS Representative

Department Adjutant – Please forward properly certified application with a letter requesting the award to: National Headquarters, Veterans Affairs and Rehabilitation Division, 1608 K Street, NW, Washington, DC 2006