



AMERICAN LEGION AUXILIARY  
 Department of California  
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Veterans Affairs & Rehabilitation Pin Certification Form

**VolunTeen Hospital-Field Service**  
 Certified by Administrative Director of Facility and ALA Hospital Representative  
**Or**  
 Unit VA&R Chairman and Unit President

*Use this form to certify hours of service and order recognition pins.*

This is to certify that \_\_\_\_\_, member of Unit/Post  
Member's Name  
 \_\_\_\_\_, District \_\_\_\_\_,  
Unit/Post Name Number

has volunteered *fifty hours or more* as a VolunTeen Hospital-Field Service

Volunteer as of \_\_\_\_\_ entitling her/him to a VolunTeen  
 Hospital-Field Service Pin.

Enclosed is check # \_\_\_\_\_ in the amount of \$15.00 which includes the  
 cost of the pin, tax, and postage handling.

\_\_\_\_\_  
 Administrative Director of Facility      ALA Hospital Representative

\_\_\_\_\_  
 Facility Name

\_\_\_\_\_  
 Unit VA&R Chairman Signature

\_\_\_\_\_  
 Unit President Signature

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City/State/Zip

Mail a copy of this form to the Department VA&R Chairman.