

2025-2026 "CRAFT-AT-HOME" VOLUNTEER PIN APPLICATION

Submit completed form to the Department Hospital Chairman by April 15, 2026

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Auxiliary Name: ..... Aux.#: ..... District #: .....

Auxiliary President: .....

Email Address: .....

Phone Number: (.....) .....

List auxiliary members entitled to "Craft-at-Home" Volunteer Pin/Charms based on accumulated crafting hours for items crafted for VA Medical Center, Nursing Homes, Outpatient Clinics, Community or other Hospitals.

Name	Location	Total Hours

50 Hours \_\_\_\_\_ 100 Hours \_\_\_\_\_ 150 Hours \_\_\_\_\_

200 Hours \_\_\_\_\_ 300 Hours \_\_\_\_\_ 400 Hours \_\_\_\_\_

500 Hours \_\_\_\_\_ 750 Hours \_\_\_\_\_ 1000 Hours \_\_\_\_\_

2000 Hours \_\_\_\_\_ 3000 Hours \_\_\_\_\_ 4000 Hours \_\_\_\_\_

Number of First Time Sewers: Pins: ..... Crafters: .....

NOTE: Please apply for charms when accumulated hours are earned by the volunteer.

First time sewers will receive the "Scissors" pin.

Auxiliary Hospital Chairman Signed: ..... Date: .....

Auxiliary President Signed: ..... Date: .....