

VETERANS OF FOREIGN WARS
LAKE WASHINGTON POST 2995
4330 148TH AVENUE NE
REDMOND WA
(425)883-2995



COMRADE OF THE YEAR PROGRAM NOMINATION FORM

NAME: _____

MEMBER #: _____ **MEMBERSHIP TYPE:** _____

SERVICE PERFORMED:

(Example: Member went weekly to VA Hospital and played board games with various patients.)

SERVICE BENEFICIARIES: _____

(Example: Veterans at Seattle VA Hospital.)

SERVICE HOURS *(per event and annual total)* _____

(Example: VA Hospital- 3 hrs/week; 130 hrs/year.)

IMPACTS OF SERVICE HOURS:

(Example: Patient's morale improved and kept spirits high during recovery period.)

SUBMITTED BY: _____

CONTACT INFORMATION: _____