

# Home Service

This is to certify that a member of \_\_\_\_\_ Unit# \_\_\_\_\_  
is an American Legion Auxiliary Home Service Volunteer who has served (check one):

\_\_\_\_\_ 50 hours from \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)

\_\_\_\_\_ 500 hours from \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)

\_\_\_\_\_ 1000 hours from \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)

For her service, she is entitled to an official Home Service Pin and/or a 500 or 1000  
Hour Bar, as indicated above.

Signed \_\_\_\_\_  
Unit Veterans Affairs and Rehabilitation Chairman

Information to which pin or bar should be sent:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

**COMPLETE AND RETURN TO THE DEPARTMENT SECRETARY PO BOX 5867  
LACEY, WA 98509-5867.**