

## **Appendix B**

### **Commonly Used Forms**

1. Trustees Audit Report, pg 57
2. Buddy Poppy Order Form, pg 58-60
3. Officer Change or Correction Form, pg 61
4. District Commander Post Meeting Official Visit Form, pg 62
5. District Commanders Report of District Meeting, pg 63
6. District Commanders Report for C of A, pg 64
7. Post Commanders Report to take to your District Meeting, pg 65
8. PP/VOD forms and Report Form, pg 66-71
9. Teacher Award Forms and Report Form , pg 72-73
10. Articles of Incorporation Forms, pg 74-80
11. Service Officer Referral Form, pg 81
12. Posts Special Project Entry Form, pg 82
13. Public Servant Award Citation Post Entry Form, pg 83
14. COI (Certificate of Insurance) completed by your insurance company, pg 84
15. VFW & Auxiliary Joint Project, pg 85
16. Are You Interested in Starting An Auxiliary? Pg 86

\*\*\*\*If you have read the entire contents of this book, please call Department HQ to go into a drawing for \$50. Thank you for reading the book.\*\*\*\*\*

**NOTE: All of these forms are available on our website, see Resources, Forms and Documents**



# TRUSTEES' REPORT OF AUDIT of

The Books and Records of the Quartermaster and Adjutant of \_\_\_\_\_  
(District/County Council/Post No.)

Department of \_\_\_\_\_ for the Fiscal Quarter ending \_\_\_\_\_, 20 \_\_\_\_\_

FISCAL QUARTERS: April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31 Jan 1 to March 31

FUNDS:	Net Cash Balances at Beginning of 10. Quarter	Receipts During Quarter 11.	Expenditures During Quarter 12.	Net Cash Balances at End of Quarter 13.
1. National and Department Dues (Per Capita Tax)	\$	\$	\$	\$
2. Admission or Application Fees (Department)				
3. Post General Fund				
4. Post Relief Fund (Poppy Profits, Donations, etc.)				
5. Post Dues Reserve Fund (See Sec. 218, Manual of Procedure)				
6. Post Home or Building Fund (Including Savings but Not Real Estate)				
7. Post Canteen or Club Fund				
8. Other				
9. Bonds and Investments Not Credited to Funds				15.
14. TOTALS:	\$	\$	\$	\$

**16. OPERATIONS**

Have required payroll deductions been made? \_\_\_\_\_

Have payments been made to the proper State and Federal agencies this quarter? \_\_\_\_\_

Have sales taxes been collected and paid? \_\_\_\_\_

Are club employees bonded? \_\_\_\_\_

Amount of outstanding bills \$ \_\_\_\_\_

Value of Real Estate \$ \_\_\_\_\_

Amount of liability insurance \$ \_\_\_\_\_

Owed on Mortgages and Loans \$ \_\_\_\_\_

Value of Personal Property \$ \_\_\_\_\_

Amount of Property Insurance \$ \_\_\_\_\_

**17. RECONCILIATION OF CASH & INVESTMENTS**

General Fund Checking Account

Ending Balance Per Bank Statement \$ \_\_\_\_\_

Less: Outstanding Checks \_\_\_\_\_

Plus: Deposits in Transit \_\_\_\_\_

Account Balance \_\_\_\_\_

Other Checking Accounts (if applicable) \$ \_\_\_\_\_

Ending Balance Per Bank Statement \$ \_\_\_\_\_

Less: Outstanding Checks \_\_\_\_\_

Plus: Deposits in Transit \_\_\_\_\_

Account Balance \_\_\_\_\_

Savings Account Balance \_\_\_\_\_

Cash on Hand \_\_\_\_\_

Total Cash \_\_\_\_\_

Bonds and Other Investments \_\_\_\_\_

Total Cash and Investments \$ \_\_\_\_\_

## 18. TRUSTEES' AND COMMANDER'S CERTIFICATE OF AUDIT

Date \_\_\_\_\_, 20 \_\_\_\_\_

This is to certify that we (or qualified accountants) have audited the books and records of the Adjutant and Quartermaster of \_\_\_\_\_  
(District/County Council/Post No.)  
for the Fiscal Quarter ending \_\_\_\_\_ in accordance of the National By-Laws and that this Report is a true and correct statement thereof to the best of our knowledge and belief. All Vouchers and Checks have been examined and found to be properly approved and checks properly countersigned:

Post Quartermaster \_\_\_\_\_ (Name) Signed: \_\_\_\_\_ Trustee

\_\_\_\_\_ (Address) Signed: \_\_\_\_\_ Trustee

\_\_\_\_\_ Signed: \_\_\_\_\_ Trustee

This is to certify that the Office of the Quartermaster is bonded with \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ until \_\_\_\_\_, 20 \_\_\_\_\_, and that this Audit is correctly made out to the best of my knowledge and belief.

Signed: \_\_\_\_\_ Commander

NOTE: Forward Original (Blue) Copy to your Department Quartermaster - See instructions on reverse side of both Yellow and Blue Copies.



VETERANS OF FOREIGN WAR  
DEPARTMENT OF MISSOURI  
**BUDDY POPPY ORDER FORM**



3401 Knipp Dr  
Jefferson City, MO 65109

DATE: \_\_\_\_\_

POST/AUX NAME: \_\_\_\_\_ POST# \_\_\_\_\_ DISTRICT# \_\_\_\_\_

NAME ORDER IS SHIPPING TO: \_\_\_\_\_ MEMBER ID# \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ CONTACT PHONE# \_\_\_\_\_

EMAIL: \_\_\_\_\_ DELIVER BY DATE: \_\_\_\_\_

**NEW PRICING EFFECTIVE APRIL 15, 2023**

<b>(multiples of 500 only)</b>	<b>(Add Shipping &amp; Handling)</b>
Per 500.....\$135.00	\$135.00.....\$15.95
Per 1000.....\$270.00	\$270.00.....\$29.95
Per 1500.....\$405.00	\$405.00.....\$39.95
Per 2000.....\$540.00	\$540.00 & OVER.....\$69.95

**ANNIVERSARY POPPIES** (Multiples of 1000)

Please indicate if you need 25th (SILVER) \_\_\_\_\_

50TH (GOLD) \_\_\_\_\_

75TH (DIAMOND) \_\_\_\_\_

<b>Total Quantity of Poppies</b>	_____
<b>Poppies \$</b>	_____
<b>Shipping &amp; Handling \$</b>	_____
<b>(SEE CHART ON LEFT)</b>	
<b>Total \$</b>	_____

PLEASE NOTE: Poppy orders are shipped by UPS. To avoid delays, please list a physical street address.  
UPS CANNOT DELIVER TO A POST OFFICE BOX. ALLOW 4-6 WEEKS FOR DELIVERY.  
ALL PROCEEDS FROM THE SALE OF POPPIES ON THE POST AND DEPARTMENT LEVEL GO TO THE VETERAN SERVICE PROGRAM.

**\*\*\*PAYMENT MUST BE INCLUDED WITH YOUR ORDER\*\*\***

*Mail checks to Headquarters, payable to VFW or use Credit Card, 3.5% convenience fee with CC.*

Credit Card Information - Card Number \_\_\_\_\_

Expiration \_\_\_\_ CVC \_\_\_\_ Name on Card \_\_\_\_\_

Address \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Updated 10.2.23

VETERANS OF FOREIGN WAR  
DEPARTMENT OF MISSOURI



**TIN ONLY BUDDY POPPY ORDER FORM**

3401 Knipp Dr  
Jefferson City, MO 65109

DATE: \_\_\_\_\_  
 POST/AUX NAME: \_\_\_\_\_ POST# \_\_\_\_\_ DISTRICT# \_\_\_\_\_  
 NAME ORDER IS SHIPPING TO: \_\_\_\_\_ MEMBER ID# \_\_\_\_\_ TITLE: \_\_\_\_\_  
 STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
 ZIP CODE: \_\_\_\_\_ CONTACT PHONE# \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ DELIVER BY DATE: \_\_\_\_\_

**NEW PRICING EFFECTIVE OCTOBER 1, 2023**

<b>(multiples of 500 only)</b>	<b>(Add Shipping &amp; Handling)</b>
Per 500.....\$70.00	<b>up to....</b> \$135.00.....\$15.95
Per 1000.....\$140.00	\$270.00.....\$29.95
Per 1500.....\$210.00	\$405.00.....\$39.95
Per 2000.....\$280.00	\$540.00 & OVER.....\$69.95
OTHER _____ \$ _____	

<i>Total Quantity of Poppies</i>	_____
<b>Poppies \$</b>	_____
<b>Shipping &amp; Handling \$</b>	_____
<b>(SEE CHART ON LEFT)</b>	
<b>Total \$</b>	_____

**TIN ONLY**



PLEASE NOTE: Poppy orders are shipped by UPS. To avoid delays, please list a physical street address.  
UPS CANNOT DELIVER TO A POST OFFICE BOX. ALLOW 4-6 WEEKS FOR DELIVERY.

**\*\*\*\*PAYMENT MUST BE INCLUDED WITH YOUR ORDER\*\*\*\***

*Mail checks to Headquarters, payable to VFW or use Credit Card, 3.5% convenience fee with CC.*

Credit Card Information - Card Number \_\_\_\_\_  
 Expiration \_\_\_\_ CVC \_\_\_\_ Name on Card \_\_\_\_\_  
 Address \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_

Updated 10.6.23



# All-State Buddy Poppy Requirements 2024-2025 Post Membership Program

*Post orders quota of buddy Poppies from Department  
Headquarters. Mandatory for All-State.*

1-100 Members .....500	701-800 Members.....4,000
101-200 Members..... 1,000	801-900 Members.....4,500
201-300 Members.....1,500	901-1,000 Members.....5,000
301-400 Members.....2,000	1001-1100 Members.....5,500
401-500 Members.....2,500	1101-1200 Members.....6,000
501-600 Members.....3,000	1201-1300 Members.....6,500
601-700 Members.....3,500	1301-1400 Members.....7,000





Department of Missouri  
Veterans of Foreign Wars

## OFFICER CHANGE / CORRECTION FORM

DATE	POST NUMBER	POST LOCATION	DISTRICT NUMBER
OFFICE TITLE TO BE CHANGED OR CORRECTED (i.e. Commander, Quartermaster, etc.)			
NAME OF NEW OFFICER		MEMBERSHIP NUMBER	
STREET ADDRESS			
CITY, STATE, ZIP CODE			
DAYTIME PHONE NUMBER		CELL PHONE NUMBER	
E-MAIL ADDRESS			
REASON FOR CHANGE (Deceased, resigned, etc.)			
NAME OF PERSON REPORTING CHANGE		PHONE NUMBER	

**THIS FORM IS TO BE USED TO CHANGE CURRENT POST OR DISTRICT OFFICERS ONLY. IT IS NOT TO BE USED AS AN ELECTION REPORT.**

**NOTE: Post may report Officer Changes online in the National OMS System at: [www.VFW.org](http://www.VFW.org)**

Send completed form to: Dept. of Missouri VFW Headquarters

3401 Knipp Drive

Jefferson City, MO 65109

OR

E-mail: [adj@movfw.org](mailto:adj@movfw.org)

**REPORT OF DISTRICT COMMANDER/REPRESENTATIVE  
POST MEETING OFFICIAL VISIT FORM  
(Completed by District Commander or Representative)**

DATE: \_\_\_\_\_

DISTRICT NUMBER: \_\_\_\_\_

POST VISITED: \_\_\_\_\_ LOCATION: \_\_\_\_\_

POST OFFICERS PRESENT: \_\_\_\_\_

POST OFFICERS ABSENT: \_\_\_\_\_

POST OFFICERS EXCUSED: \_\_\_\_\_

MEMBERS PRESENT: \_\_\_\_\_

TOTAL PRESENT: \_\_\_\_\_

WAS MEETING CONDUCTED IN ACCORDANCE WITH BY-LAWS/RITUAL/MANUAL  
OF PROCEDURES: \_\_\_\_\_

COMMENTS/SUGGESTIONS/PROBLEMS:

---

---

---

---

---

\_\_\_\_\_  
**COMMANDER/REPRESENTATIVE SIGNATURE**

**[Completed report should be submitted to Department Headquarters] 3401  
Knipp Dr, Jefferson City, Mo 65109 or email [adj@movfw.org](mailto:adj@movfw.org)**

DEPARTMENT OF MISSOURI  
VETERANS OF FOREIGN WARS  
REPORT OF DISTRICT MEETING  
(Completed by Dist-Commander)

DISTRICT # \_\_\_\_\_

Held its regular meeting on \_\_\_\_\_ **at** \_\_\_\_\_  
(Date) (Location)

Total number of members present \_\_\_\_\_, number of guests, \_\_\_\_\_

Total number of District Officers present \_\_\_\_\_, absent/excused \_\_\_\_\_

Number of Post Commanders present \_\_\_\_\_

**Post #** of Commanders present:

Number of Posts represented (Commanders not present) \_\_\_\_\_

**Post #** of representatives present:

Number of Posts not represented \_\_\_\_\_

**Post #** of absentees:

Name of Department Officer assigned to attend: \_\_\_\_\_, present Y / N

Other guests present \_\_\_\_\_

Next District Meeting is scheduled for:

Date \_\_\_\_\_, Post # \_\_\_\_\_, Location \_\_\_\_\_, Time \_\_\_\_\_

Department Officer requested for next meeting:

1st choice: \_\_\_\_\_

2nd choice: \_\_\_\_\_

3rd choice: \_\_\_\_\_

\_\_\_\_\_  
(District Commander's Signature)

\_\_\_\_\_  
(District Adjutant's Signature)

*One copy to Department Headquarters: Mail – 3401 Knipp Dr. Jefferson City, MO 65109;  
Fax - 573-636-2664; Email – [adj@movfw.org](mailto:adj@movfw.org). Keep one copy for the District file.*

**Council of Administration  
District Commander Report**

**District #** \_\_\_\_\_

Service officer events held: \_\_\_\_\_

Service officer events scheduled: \_\_\_\_\_

Recruiting events held: \_\_\_\_\_

Recruiting events scheduled: \_\_\_\_\_

What is your District's strength?

---

---

List three community events of which you are most proud?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What is your District's greatest weakness?

---

---

What are you and your posts doing to improve upon this weakness?

---

---

Is there anything Department can assist you with?

---

---

Commander's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\*DISTRICT COMMANDER TURNS FORM INTO MISSOURI DEPARTMENT  
A MINIMUM OF A WEEK PRIOR TO C OF A EVENTS\*\*\*\*\***

**Email to [hqangela@movfw.org](mailto:hqangela@movfw.org), and [adj@movfw.org](mailto:adj@movfw.org)**



**Post \_\_\_\_\_ to District Commander Missouri  
Veterans of Foreign Wars  
Activity Report To Be Presented At Each District Meeting**

**Meeting Date \_\_\_\_\_ (Details includes Dates and Description of Activity)  
Completed Key Events – List with Brief Detail**

**Planned Key Events – List in Brief Detail**

**Missouri Veteran Service Officer Fund Donation**

**Date \_\_\_\_\_ Amount \_\_\_\_\_**

**National Military and Veteran Support Program Donation**

**Date \_\_\_\_\_ Amount \_\_\_\_\_**

**Submitted by \_\_\_\_\_ Position \_\_\_\_\_**

# PATRIOT'S PEN



2024-2025 Theme

## “My Voice in America’s Democracy?”

Student Entry Deadline: October 31, 2024

Patriotic Written Essay Competition Grand Prize: \$5,000 Award

### What is the Patriot’s Pen Program?

Conducted nationwide, this VFW-sponsored youth essay competition gives students an opportunity to write essays expressing their views on an annual patriotic theme. We invite you to join the more than 75,000 students who participated last year in this contest.

### Why Should I Enter?

Prizes and scholarships can be awarded at the Post, District, State and national level. Department (State) winners receive a portion of \$55,000 in national awards. National Winners will receive at least \$500. **The first-place national award is currently \$5,000.**

The Internal Revenue Service requires a recipient awarded more than \$599 be given Form 1099 identifying the proceeds as taxable income. This may require the winner to provide their social security number.

### How Does the Contest Work?

All entries begin at the VFW Post level. The only exception is where schools/classes/youth groups have large numbers of students and wish to conduct their own competition, submitting one winner for each 15 students to the VFW Post. Individual students may submit their entry directly to the Post.

The contest consists of four levels. The first level (entry) is sponsored by VFW Posts. Post winners advance, one for every 15 entries, to the VFW District (regional) level where the one first-place winner is advanced to the VFW Department (state) level. The first-place winner at the Department level is then advanced into the VFW national competition.

### Who Can Enter?

Patriot’s Pen is open to 6th, 7th and 8th-grade students enrolled by the Oct. 31 deadline in public, private or parochial schools in the U.S., its territories or its possessions; or dependents of U.S. military or civilian personnel in overseas schools. Home-schooled students also are eligible. Although U.S. citizenship is not required, students must be lawful U.S. permanent residents or have applied for permanent residence (the application which has not been denied) and intends to become a U.S. citizen at the earliest opportunity allowed by law. (Foreign exchange students are ineligible.)

### How Do I Get Started?

- Ask a teacher or youth group/club adult leader to supervise the Patriot’s Pen writing contest.
- Contact a participating VFW Post and indicate your interest in participating.

- Establish a contact person who is a member of that VFW Post or its VFW Auxiliary.
- Make sure that your essay is submitted to the VFW Post before the contest deadline of October 31, 2024. You can submit your essay and entry form by email upon the Post’s approval. Entries sent to the VFW National Headquarters directly will be returned.

### How Am I Judged?

#### Knowledge of the theme is worth 30 points:

You must show a thorough knowledge of the theme in your work. Demonstrate you have researched the issue extensively.

#### Theme development is worth 35 points:

Answer all relevant facts about the theme such as the who, what, where, when and why. Relate the theme to your own experiences.

#### Clarity of ideas is worth 35 points:

Write your essay in an easy-to-understand format. Leave your reader with a clear understanding of your explanation of the theme.

### What Is the Theme?

VFW’s Commander-in-Chief annually chooses the year’s theme. The 2024-2025 theme is:

“My Voice in America’s Democracy?”

### Deadline Information.

To qualify, all entries must be submitted to a sponsoring VFW Post by midnight October 31, 2024.

### Note:

If you need help finding a participating VFW Post, follow these instructions:

First, visit [vfw.org/FindaPost](http://vfw.org/FindaPost) to “Find a VFW Post.”

If you don’t have success in finding a Post, or if you have trouble contacting them, you can contact your VFW Department (state) headquarters office to see if they can offer any information or assistance. You can visit [vfw.org/contactus](http://vfw.org/contactus) to look for “Find a State Contact” to get your VFW state office’s phone number and email.

For assistance contact  
the VFW National Headquarters  
at 816.968.1155  
Email: [youthscholarships@vfw.org](mailto:youthscholarships@vfw.org)

# 2024-2025 Official Entry Form Patriot's Pen Competition

Must Be Completed by All Contestants

Name: First, M.I., Last

Address

City, State, Zip

( )  
Phone Email

Date of Birth (mm/dd/yy) Grade in School Essay Word Count

School Name, City, State

Teacher's name and Email (if applicable)

## To Be Completed by Student's Parent/Guardian (Required even if student is 18 or over)

Parent/Guardian Name (Printed)

Parent/Guardian Signature Date

( )  
Parent/Guardian's Daytime Phone

Parent/Guardian's Email

## What Are the Rules?

- You must write your own essay.
- All essays should be typed in English with no color or graphics. 300 - 400 words in length (+ or - 5 word max). Every word is counted regardless of length. The essay title (theme) or added footnotes do not contribute to the word count.
- In no way may contestants identify themselves within their essay (including, but not limited to, your name, school, city, state, race or national origin.) Do not put your name on the essay. The entry form is your essays cover sheet. Secure the Official Student Entry Form with a staple or other fastener on top of your essay. Contestants are allowed to enter only once each year if otherwise eligible (one Post competition).
- The essay must be contestant's original work and a product of the contestant's own thinking. Inappropriate use of ChatGPT or other AI tools is not allowed. The approach to the Patriot's Pen theme should be positive and clearly focused. Poetry is not acceptable. Quotations may be used sparingly if plainly identified wherever used. A contestant's teacher, counselor or parent may check the essay for punctuation, grammar and/or spelling, but the content must remain the contestant's. Contestants will be judged on the basis of their essay alone and are not required to present the essay orally. All essays become the property of the Veterans of Foreign Wars. The VFW retains non-exclusive rights to the use of your essay and likeness in the promotion and execution of the organization's programs and activities.
- At any time during the contest additional participant personal information (i.e. SSN, photo, etc.) could be requested by the VFW.

## I Have Read and Understand the Contest Rules

Signature of Student Participant

Date

## To Be Completed by the VFW Post

I certify that this student has an authorized entry in our VFW Post level Patriot's Pen Competition.

Post Commander/Chairperson Signature Post#

VFW Auxiliary President/Chairperson Signature (if applicable)

Post Address

City, State, Zip

VFW Post Email

No. of participants No. of winners

Amt. of Post/Aux. scholarships awards \$

Amt. of Post/Aux. additional expenses (Banquet, Pins, etc.) \$

## To Be Completed by the VFW District

I certify that the student named in the previous section is the duly selected winner of the Patriot's Pen Contest District Competition and is our sole entry into the Department.

District Chairperson Signature Dist. #

Address

City, State, Zip

( )  
Phone Email

## To Be Completed by the VFW Department Chairperson

I certify that the student named in the previous section is the duly selected first-place winner of the Patriot's Pen Department Competition and is our sole entry into the National Judging.

Department Chairperson Signature

( )  
Daytime Phone Email

The winner  has been  will be (check one) notified that they are the first-place Department winner on \_\_\_\_\_.

## Local VFW Post Information:

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Best Time To Call: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Best Time To Call: \_\_\_\_\_



\_\_\_\_\_ - \_\_\_\_\_ Patriot Pen Post Awards Report Form

**DISTRICT \_\_\_\_\_, MISSOURI**

Post #	Auxiliary Help Y/N	Number Participating Schools	Number Entries by Post	Number Advanced to District	Number Entries Received	Total Prize \$ Awarded	Donation to Dept. (amount)	Donation to Natl. (amount)	Other Expenses



## 2024-2025 Theme

### “Is America Today Our Forefathers’ Vision?”

Student Entry Deadline: October 31, 2024

Patriotic Audio Essay Competition Grand Prize: \$35,000 Award

#### What is the Voice of Democracy Program?

Since 1947, the Voice of Democracy has been the Veterans of Foreign Wars’ (VFW’s) premier scholarship program. Each year, nearly 27,000 high school students compete for more than \$2 million in scholarships and incentives. Students compete by writing and recording an audio essay on an annual patriotic theme. This year’s theme is, “Is America Today Our Forefathers’ Vision?”

#### Why Should I Enter?

Prizes and scholarships can be awarded at the Post, District, state and national level. Department (State) winners receive an all-expense-paid trip to Washington DC, to tour the city, be honored by the VFW and its Auxiliary and receive their portion of \$171,000 in national awards, the top scholarship being \$35,000.

#### The Rules

##### Who can enter?

The Voice of Democracy is open to students in grades 9-12 by the Oct. 31 deadline who are enrolled in a public, private or parochial high school or home study program in the United States, its territories and possessions; or dependents of U.S. military or civilian personnel in overseas schools. Although U.S. citizenship is not required, students must be lawful U.S. permanent residents or have applied for permanent residence (the application for which has not been denied) and intends to become a U.S. citizen at the earliest opportunity allowed by law. Foreign exchange students, students age 20 or over, GED or Adult Education Students are ineligible.

##### What do I need to enter?

Record your original 3-5 minute (+ or – 5 second max.) audio essay on a flash drive, or other electronic device. You will submit the recording, typed essay and this completed entry form. Provide these items to your school/group competition or VFW Post for judging. In addition you can submit your emailed entry form, essay, and audio file to the VFW Post upon approval. You must be the sole author of your essay. Inappropriate use of ChatGPT or other AI tools is not allowed. The recording must be in your own voice and in English. Hearing/speech impaired students should email the Voice of Democracy National Office at [youthscholarships@vfw.org](mailto:youthscholarships@vfw.org) for special instructions. No music, singing, poetry or sound effects are allowed. The body of the essay must not identify you in any way, (including, but not limited to your name, school, city, state, race, or national origin) although the recording & typed essay should be labeled with your name, to show ownership.

#### Where Do I Submit My Entry?

All entries begin at the VFW Post level. The only exception is where schools/classes/youth groups have large numbers of students and wish to conduct their own competition, submitting one winner for each 15 students to the VFW Post. Individual students may submit their entry directly to the Post. Entries sent to VFW National will be returned. One winner for every 15 entries from each Post advances to District and one District winner advances to the state (Department) competition. If you need help finding a participating VFW Post, follow these instructions: First, visit this website [vfw.org/FindaPost](http://vfw.org/FindaPost) to “Find A VFW Post.” If you do not have success in finding a Post, or if you have trouble getting in touch with them, you can contact your VFW Department (state) office to see if they can offer any information or assistance. You can visit this link <https://www.vfw.org/ContactUs/> and look for “Find a State Contact” to get your VFW state office’s phone number and email. If you still need assistance, please email us at VFW National Headquarters at [youthscholarships@vfw.org](mailto:youthscholarships@vfw.org)

#### What Is the Deadline for My Entry?

All entries competing at the Post level must be in the hands of that VFW Post by midnight, **Oct. 31, 2024**. It is the responsibility of the student to meet this deadline by submitting their entry to the proper location by ensuring it is a participating Post.

#### What Are the Judging Criteria?

##### Originality is worth 30 points:

Treatment of the theme should show imagination and human interest.

##### Content is worth 35 points:

Clearly express your ideas in an organized manner. Fully develop your theme and use transitions to move smoothly from one idea to another.

##### Delivery is worth 35 points:

Speak in a clear and credible manner.



# 2024-2025 Official Entry Form Voice of Democracy Competition

Must Be Completed by All Contestants

Name: First, M.I., Last \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_  
( ) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_ Grade in School \_\_\_\_\_ Age \_\_\_\_\_ Jacket Size \_\_\_\_\_

School Name, City, State \_\_\_\_\_

Teacher's name and Email (if applicable) \_\_\_\_\_

## To Be Completed by Student's Parent/Guardian

(Required even if student is 18 or over)

Parent/Guardian Name (Printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
( ) \_\_\_\_\_

Parent/Guardian Daytime Phone \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

## Participant Agreement for Students Advancing to National Level

If selected as a first-place state winner, I have the consent of my parent/guardian and school to attend the Voice of Democracy National Finals in Washington, D.C. as a guest of the VFW National Organization. In consideration for permission to participate in the National Voice of Democracy Competition ("Competition") I do hereby, for myself, for my heirs, executors, administrators and assignees, waive, release and discharge all rights and claims which I have or which may hereafter accrue against the Veterans of Foreign Wars of the United States (VFW) and/or the Departments (state organizations) of the Veterans of Foreign Wars and their respective officers, agents, successors and assigns from any damages which may be sustained by me in connection with my participation in or association with the Competition and/or arising out of any travel related to the Competition. In the event of sickness, accident or injury in connection with the Competition, I consent to and accept the services of a duly licensed medical, surgical or dental specialist selected on my behalf and for such treatments, as they may deem necessary. I understand that VFW will not be liable for such treatment. I further understand that the Veterans of Foreign Wars of the United States retains non-exclusive rights to use my audio file, essay, name and likeness in the promotion and execution of the organization's programs and activities.

## I Have Read and Understand the Rules and Participant Agreement

I certify that I am the sole author of the enclosed audio/essay entry and that I have not inappropriately used any AI tools or Chat GPT. I have only entered the competition once yearly if otherwise eligible. I understand that if it is found that I have entered any other Post's competition or used this essay for another VFW competition, I face elimination from the competition and will return any and all prizes or incentives awarded.

Signature of Student Participant \_\_\_\_\_ Date \_\_\_\_\_

## To Be Completed by the VFW Post

I certify that this student has an authorized entry in our VFW Post Level Voice of Democracy Competition.

Post Commander/Chairperson Signature \_\_\_\_\_ Post # \_\_\_\_\_

VFW Auxiliary President/Chairperson Signature (if applicable) \_\_\_\_\_

Post Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

VFW Post Email \_\_\_\_\_

No. of students participating \_\_\_\_\_

No. of winners advanced to District \_\_\_\_\_

Amt. of Post/Aux. scholarship awards \$ \_\_\_\_\_

Amt. of Post/Aux. additional expenses (banquet, pins, etc.) \$ \_\_\_\_\_

## To Be Completed by the VFW District

I certify that the student named in the previous section is the duly selected winner of the Voice of Democracy Contest District Competition and is our sole entry into the Departments.

District Chairperson Signature \_\_\_\_\_ Dist. # \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_  
( ) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## To Be Completed by the VFW Department Chairperson

I certify that the student named in the previous section is the duly selected first-place winner of the Voice of Democracy Department Competition and is our sole entry into the National Judging.

Department Chairperson Signature \_\_\_\_\_  
( ) \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

The winner  has been  will be (check one) notified that they are the first-place Department winner on \_\_\_\_\_.

For assistance contact:  
816.968.1155  
Email: [youthscholarships@vfw.org](mailto:youthscholarships@vfw.org)

Local VFW Post Information:

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Best Time To Call: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Best Time To Call: \_\_\_\_\_



\_\_\_\_\_ - \_\_\_\_\_ Voice of Democracy Post Awards Form

DISTRICT \_\_\_\_\_, MISSOURI

Post #	Auxiliary Help Y/N	Number Participating Schools	Number Entries by Post	Number Advanced to District	Number Entries Received	Total Prize \$ Awarded	Donation to Dept. (amount)	Donation to Natl. (amount)	Other Empenses



## SMART/MAHER VFW NATIONAL CITIZENSHIP EDUCATION TEACHER AWARD CITATIONS FOR ELEMENTARY, MIDDLE AND HIGH SCHOOL TEACHERS AND THEIR SCHOOLS

Each year, the Veterans of Foreign Wars selects elementary, middle and high school teachers to participate in the Smart/Maher VFW National Citizenship Education Teacher program. Effective this year, VFW Post Teacher Award Chairpersons may submit one candidate in each grade level to their District by November 15, if applicable, or to their **Department Headquarters by January 1**. The Department will select a single candidate in each grade level and submit them to **VFW National Headquarters by February 1 for national judging**. Department Teacher winners that are received at National Headquarters will receive a VFW National citation for both the winning teacher and their school.

NOTE: The only item the National VFW Programs Department requires is the completed “VFW Department Teacher Award Citation Request Form” located on the VFW website.

Simply visit [vfw.org/#login](http://vfw.org/#login), log in to My VFW, then look under Member Resources, click on VFW Training & Support, then click on Community Service & Youth Programs, then look under Additional Resources. The Teacher Entry form, Instruction sheet, Citation request form and Chairperson’s Guide will be up on the VFW website in the near future.

### Who Is Eligible?

1. Teachers who promote civic responsibility, flag etiquette and patriotism are prime candidates for this award. For example, do you know a teacher who plans field trips to city hall or organizes community volunteer projects? Maybe you know an instructor who invites veterans into the classroom to discuss their military experiences. Perhaps you are familiar with a teacher who fosters the development of democratic values and beliefs through special projects. If you know of such a teacher, honor him or her today.
2. All current certified/licensed teachers in grades K-12 are eligible. Previous national winners are ineligible. Nominations can be submitted by themselves, fellow teachers, supervisors, family members or other interested individuals.

### Documentation Required for all Candidates:

1. All Post-level nominees should provide a one-page resume as a minimum or up to five pages as a maximum of documentation of their teaching experience (for example: references, news articles, etc.) and a head-and-shoulder photo of themselves, if available. These items will be forwarded on to the Department with the winning teacher entry form.

#### NATIONAL HEADQUARTERS

406 W. 54th Street      Office 816.756.3390  
Kansas City, MO 64111      Fax 816.968.1157

#### WASHINGTON OFFICE

200 Maryland Ave., N.E.      Office 202.543.2239  
Washington, D.C. 20002      Fax 202.543.6719

info@vfw.org  
www.vfw.org

\_\_\_\_\_ - \_\_\_\_\_ Teacher of the Year Post Awards Form

DISTRICT \_\_\_\_\_, MISSOURI

Post #	Auxiliary Help Y/N	Elementary School Y/N	Middle School Y/N	High School Y/N	Number Entries Received	Number Advanced to District	Total Prize \$ Awarded	Donation to Dept. (amount)	Donation to Natl. (amount)	Other Empenses

**ARTICLES OF INCORPORATION**

**DISTRICT # \_\_\_\_\_ Department of \_\_\_\_\_**

**VETERANS OF FOREIGN WARS OF THE UNITED STATES**

In accordance with the provisions of the State of \_\_\_\_\_, relating to corporations not for profit, the undersigned persons do hereby constitute themselves into a non-profit corporation and adopt the following Articles of Incorporation in accordance with said Statutes.

**ARTICLE I - NAME:**

The name of this corporation shall be: District # \_\_\_\_\_ Department of \_\_\_\_\_, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

**ARTICLE II - PURPOSES:**

The general nature and purposes of this corporation shall be:

Fraternal, patriotic, historical, charitable and educational; to preserve and strengthen comradeship among its members; to assist worthy comrades; to perpetuate the memory and history of our dead and to assist their widows and orphans; to maintain true allegiance to the government of the United States of America and fidelity to its Constitution and laws; to foster true patriotism; to maintain and extend the institutions of American freedom and to preserve and defend the United States from all her enemies, whomsoever.

This incorporated subordinate unit of the VETERANS OF FOREIGN WARS OF THE UNITED STATES, shall at all times remain under the jurisdiction of, and be governed according to the Congressional Charter and By-Laws of the Veterans of Foreign Wars of the United States. In the event that any provision of this Certificate of Incorporation conflicts with the National Charter and By-Laws of the Veterans of Foreign Wars of the United States, such conflicting provisions shall be deemed null and void, and the National Charter and By-Laws shall, at all times, govern.

**ARTICLE III - MEMBERSHIP:**

The active and voting membership of this corporation shall at all times consist of and be confined to the active membership in good standing in District # \_\_\_\_\_ Department of \_\_\_\_\_ VETERANS OF FOREIGN WARS OF THE UNITED STATES, with eligibility to, acquiring of, suspension from, and discontinuance of membership being in accordance with the National Charter and By-Laws of the Veterans of Foreign Wars of the United States.

**ARTICLE IV - INCORPORATORS:**

The names and residences of the incorporators of this Corporation are as follows:

District Commander:	_____	_____
	(Name)	(Address)
District Sr. Vice Commander:	_____	_____
	(Name)	(Address)
District Quartermaster:	_____	_____
	(Name)	(Address)



**ARTICLE V - MANAGEMENT & ELECTIONS:**

The Board of Directors shall manage the affairs of this Corporation and shall consist of the District Commander, the District Sr. Vice Commander, and the District Quartermaster, and they shall be elected at District Convention to be held during the month of \_\_\_\_\_ each and every year in accordance with the By-Laws of the Veterans of Foreign Wars of the United States. Actions of the Board of Directors as set forth herein shall be at all times subject to the approval of the District.

**ARTICLE VI - OFFICERS:**

The names and addresses of the Officers of the District, who are to serve as Officers of the Corporation until their successors are duly elected and installed, are as follows:

District Commander: \_\_\_\_\_,  
   (Name)  (Address)  
   who shall serve as President.

District Sr. Vice Commander: \_\_\_\_\_,  
   (Name)  (Address)  
   who shall serve as Vice President.

District Adjutant: \_\_\_\_\_,  
   (Name)  (Address)  
   who shall serve as Secretary.

District Quartermaster: \_\_\_\_\_,  
   (Name)  (Address)  
   who shall serve as Treasurer.

All of the above shall be elected at the District Convention to be held during the month of \_\_\_\_\_ of each and every year, except the Post Adjutant who shall be appointed by the District Commander on the night of installation or as soon thereafter as possible.

**ARTICLE VII - INITIAL BOARD OF DIRECTORS:**

This corporation shall have not less than three (3) Directors and the initial Board of Directors shall be as follows:

District Commander: \_\_\_\_\_, Director  
   (Name)  (Address)  
 District Sr. Vice Commander: \_\_\_\_\_, Director  
   (Name)  (Address)  
 District Quartermaster: \_\_\_\_\_, Director  
   (Name)  (Address)

The above Directors shall serve until the next election of District Officers during the month of \_\_\_\_\_ of each and every year and who, by virtue of their office, shall serve as Directors of the Corporation.

**ARTICLE VIII - BY-LAWS:**

By-Laws for this corporation may be made, altered, or rescinded after presentation to the District by any member in good standing and approved by a two-thirds (2/3) vote of the District Delegates present and in good standing at a District Convention. However, said By-Laws shall not conflict with the National Charter, By-Laws and Manual of Procedure of the Veterans of Foreign Wars of the United States, nor shall they conflict with the By-Laws of the Department having jurisdiction and providing further a copy of same shall be forwarded, through channels, and reviewed by the Commander-in-Chief before becoming effective.

**ARTICLE IX - AMENDMENTS TO ARTICLES OF INCORPORATION:**

Amendments to these Articles of Incorporation may be made after presentation to the District by any member in good standing and approved by a two-thirds (2/3) vote of the District Delegates present and in good standing at a noticed meeting. However, said Amendments to the Articles of Incorporation shall be in accordance with the Laws of the State, and in accordance with the National Charter, By-Laws and Manual of Procedure of the Veterans of Foreign Wars of the United States and further they shall be in accordance with the Department having jurisdiction and provided further a copy of same shall be forwarded, through channels, and reviewed by the Commander-in-Chief before becoming effective.

**ARTICLE X - MISCELLANEOUS:**

In the event of dissolution of this corporation all of the assets shall be the property of District # \_\_\_\_\_ Department of \_\_\_\_\_ VETERANS OF FOREIGN WARS OF THE UNITED STATES and in the event of the simultaneous dissolution of this corporation and the forfeiture of the charter issued by the Veterans of Foreign Wars of the United States to said subordinate unit then, and in that event, title to all of the assets of this corporation shall pass to the Veterans of Foreign Wars of the United States to be disposed of in accordance with the National By-Laws, rules and regulations of the said Veterans of Foreign Wars of the United States. At no time shall the assets of the corporation be distributed among the individual members thereof.

**ARTICLE XI - ADDRESS AND REGISTERED OFFICE AND AGENT:**

The address of its initial Registered Office is \_\_\_\_\_  
and the name of its initial Registered Agent is \_\_\_\_\_.  
IN WITNESS WHEREOF we have hereunto set our hands and seals this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_. (All incorporators (Article IV), must sign and their signatures acknowledged).

\_\_\_\_\_ L.S.  
  
\_\_\_\_\_ L.S.  
  
\_\_\_\_\_ L.S.

**ARTICLES OF INCORPORATION**

**OF**

\_\_\_\_\_ POST NO. \_\_\_\_\_  
(Post Name)

**VETERANS OF FOREIGN WARS OF THE UNITED STATES**

In accordance with the provisions of the state of \_\_\_\_\_, relating to corporations not for profit, the undersigned persons do hereby constitute themselves into a non-profit corporation and adopt the following Articles of Incorporation in accordance with said Statutes.

**ARTICLE I - NAME:**

The name of this corporation shall be \_\_\_\_\_ POST  
(Post Name)

NO. \_\_\_\_\_ VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

**ARTICLE II - PURPOSES:**

The general nature and purposes of this corporation shall be:

Fraternal, patriotic, historical, charitable and educational; to preserve and strengthen comradeship among its members; to assist worthy comrades; to perpetuate the memory and history of our dead and to assist their widows and orphans; to maintain true allegiance to the government of the United States of America and fidelity to its Constitution and laws; to foster true patriotism; to maintain and extend the institutions of American freedom and to preserve and defend the United States from all her enemies, whomsoever.

This incorporated subordinate unit of the VETERANS OF FOREIGN WARS OF THE UNITED STATES, shall at all times remain under the jurisdiction of, and be governed according to the Congressional Charter and By-Laws of the Veterans of Foreign Wars of the United States. In the event that any provision of this Certificate of Incorporation conflicts with the National Charter and By-Laws of the Veterans of Foreign Wars of the United States, such conflicting provisions shall be deemed null and void, and the National Charter and By-Laws shall, at all times, govern.

**ARTICLE III - MEMBERSHIP:**

The active and voting membership of this corporation shall at all times consist of and be confined to the active membership in good standing in \_\_\_\_\_ POST NO. \_\_\_\_\_ VETERANS OF FOREIGN WARS OF THE UNITED STATES, with eligibility to, acquiring of, suspension from, and discontinuance of membership being in accordance with the National Charter and By-Laws of the Veterans of Foreign Wars of the United States.

**ARTICLE IV - INCORPORATORS:**

The names and residences of the incorporators of this Corporation are as follows:

Post Commander: \_\_\_\_\_  
(Name) (Address)

Post Sr. Vice Commander: \_\_\_\_\_  
(Name) (Address)

Post Quartermaster: \_\_\_\_\_  
(Name) (Address)

**ARTICLE V - MANAGEMENT & ELECTIONS:**

The Board of Directors shall manage the affairs of this Corporation and shall consist of the Post Commander, the Post Sr. Vice Commander, and the Post Quartermaster, and they shall be elected at a regular meeting of the Post to be held during the month of April each and every year in accordance with the By-Laws of the Veterans of Foreign Wars of the United States. Actions of the Board of Directors as set forth herein shall be at all times subject to the approval of the Post.

**ARTICLE VI - OFFICERS:**

The names and addresses of the Officers of the Post who are to serve as Officers of the Corporation until their successors are duly elected and installed, are as follows:

Post Commander: \_\_\_\_\_,  
(Name) (Address)  
who shall serve as President.

Post Sr. Vice Commander: \_\_\_\_\_,  
(Name) (Address)  
who shall serve as Vice President.

Post Adjutant: \_\_\_\_\_,  
(Name) (Address)  
who shall serve as Secretary.

Post Quartermaster: \_\_\_\_\_,  
(Name) (Address)  
who shall serve as Treasurer.

All of the above shall be elected at a regular meeting of the Post to be held during the month of April of each and every year, except the Post Adjutant who shall be appointed by the Post Commander on the night of installation or as soon thereafter as possible.

**ARTICLE VII - INITIAL BOARD OF DIRECTORS:**

This corporation shall have not less than three (3) Directors and the initial Board of Directors shall be as follows:

Post Commander: \_\_\_\_\_, Director  
                                    (Name)                      (Address)  
Post Sr. Vice Commander: \_\_\_\_\_, Director  
                                    (Name)                      (Address)  
Post Quartermaster: \_\_\_\_\_, Director  
                                    (Name)                      (Address)

The above Directors shall serve until the next election of Post Officers during the month of April of each and every year and who, by virtue of their office, shall serve as Directors of the Corporation.

**ARTICLE VIII - BY-LAWS:**

By-Laws for this corporation may be made, altered, or rescinded after presentation to the Post by any member in good standing and approved by a two-thirds (2/3) vote of the Post Membership present and in good standing at a noticed meeting provided each member had been notified at least twenty (20) days in advance and upon request, provided a copy of the proposed By-Laws. However, said By-Laws shall not conflict with the National Charter, By-Laws and Manual of Procedure of the Veterans of Foreign Wars of the United States, nor shall they conflict with the By-Laws of the Department having jurisdiction and providing further a copy of same shall be forwarded, through channels, and reviewed by the Commander-in-Chief before becoming effective.

**ARTICLE IX - AMENDMENTS TO ARTICLES OF INCORPORATION:**

Amendments to these Articles of Incorporation may be made after presentation to the Post by any member in good standing and approved by a two-thirds (2/3) vote of the Post Membership present and in good standing at a noticed meeting provided each member had been notified at least twenty (20) days in advance and upon request, provided a copy of the proposed amendments. However, said Amendments to the Articles of Incorporation shall be in accordance with the Laws of the State, and in accordance with the National Charter, By-Laws and Manual of Procedure of the Veterans of Foreign Wars of the United States and further they shall be in accordance with the Department having jurisdiction and provided further a copy of same shall be forwarded, through channels, and reviewed by the Commander-in-Chief before becoming effective.

**ARTICLE X - MISCELLANEOUS:**

In the event of a dissolution of this corporation all of the assets shall be the property of \_\_\_\_\_ POST NO. \_\_\_\_\_ VETERANS OF FOREIGN WARS OF THE UNITED STATES and in the event of the simultaneous dissolution of this corporation and the forfeiture of the charter issued by the Veterans of Foreign Wars of the United States to said subordinate unit then, and in that event, title to all of the assets of this corporation shall pass to the Veterans of Foreign Wars of the United States to be disposed of in accordance with the National By-Laws, rules and regulations of the said Veterans of Foreign Wars of the United States. At no time shall the assets of the corporation be distributed among the individual members thereof.



**ARTICLE XI - ADDRESS AND REGISTERED OFFICE AND AGENT:**

The address of its initial Registered Office is \_\_\_\_\_  
and the name of its initial Registered Agent is \_\_\_\_\_.

IN WITNESS WHEREOF we have hereunto set our hands and seals this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_. (All incorporators (Article IV), must sign and their signatures acknowledged).

\_\_\_\_\_ L.S.

\_\_\_\_\_ L.S.

\_\_\_\_\_ L.S.

**THIS IS A REFERRAL FORM, NOT A CLAIM FOR BENEFITS!**



*Department of Missouri Service Office*  
*Veterans of Foreign Wars of the United States*

The purpose of this form is to gather some basic information so we may evaluate your possibility to receive VA benefits. This information is held confidential and will not be released in any form or for any other use.

Please be thorough in the filling out of this form. (PLEASE PRINT)

Veteran's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Best time to call: \_\_\_\_ AM \_\_\_\_ PM

Branch of Service: \_\_\_\_\_ Dates of Service: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Registered in VA System: YES  NO

---

Service outside the USA: YES  NO  Country: \_\_\_\_\_ MOS \_\_\_\_\_

Medals or Decorations: \_\_\_\_\_

Combat Awards: Bronze Star/Higher  Purple Heart  Other: \_\_\_\_\_

Referred By: \_\_\_\_\_ Post #: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Date sent to Regional Office: \_\_\_\_\_

---

**VSO OFFICE ONLY**

Date Received: \_\_\_\_\_ Date Contacted: \_\_\_\_\_ Contacted By: \_\_\_\_\_

Please send this form to:  
Veterans of Foreign Wars  
9700 Page Avenue  
RM 1 – 027  
St. Louis, MO 63132  
Fax: 314-253-4162  
Email: [vw.vbastl@va.gov](mailto:vw.vbastl@va.gov)

V.F.W. Membership makes this service possible, if you are entitled to a FOREIGN SERVICE RIBBON, you belong in the VFW- Join today!

**THIS IS A REFERRAL FORM, NOT A CLAIM FOR BENEFITS!**

The late Fred C. Hall was an active Life Member of the Veterans of Foreign Wars as well as many other civic and fraternal organizations. Throughout his adult life, he was a great

proponent of VFW Posts taking an active role in the community. He is credited with starting the VFW Post Insurance program.

## ***POST SPECIAL PROJECT ENTRY FORM***

All entries must be in the form of a record book (binder) and this form must be the first page of your book. Information should be neatly presented and in chronological order. All entries must be post-marked by midnight April 30<sup>th</sup> each year.

VFW Post/Auxiliary (if applicable) County Council, District and Department \_\_\_\_\_

Address \_\_\_\_\_

Dates of the project from inception to conclusion \_\_\_\_\_

List of other organizations (if any) that assisted/participated \_\_\_\_\_

How many people directly benefitted from this effort? \_\_\_\_\_ Approx. local population \_\_\_\_\_

List local media and addresses (we will send them news releases) \_\_\_\_\_

### **Signatures**

Department Community Service Chairman \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Community Service Chairman \_\_\_\_\_

(NOTE: This signature confirms that you have reviewed this entry and are verifying that the form is complete and there is evidence to support the nomination.)

Department Adjutant \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Department Adjutant \_\_\_\_\_

Submitted by (Submission will be returned to this individual)

Name \_\_\_\_\_

VFW position/title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_



## VFW Public Servant Award Citation Post Entry Form

NOTE: VFW Point of Contact should fill out their section below prior to distributing this form.  
This will provide individuals from outside of the VFW with the needed information to submit their packets successfully.

### To be filled out by VFW representative

Sponsoring VFW Post #:  Sponsoring District #:

Date of Presentation: MM/DD/YY (if available)

### VFW Post POC

Full Name:

Phone:  Email:

Address: (where to mail entry)

City:  State:  Zip:

### Individual Submitting Nomination

Full Name:

Phone:  Email:

### Nominee Information

Choose appropriate citation: (EMT, Firefighter or Law Enforcement)

Full Name: (please list as you wish it stated on the citation)

Gender:

Occupation Title: (if any) (please list as you wish it stated on the citation)

Employer Name: (please list as you wish it stated on the citation)

Address of Employer: (please list as you wish it stated on the citation)

City:  State:  Zip:

Employer Phone:  Employer Email: (if available)

Please complete this form and submit to your local VFW Post using the information provided above. Ensure to include all required documentation that is outlined on the instructions sheet provided with this form. All post entries must be received by their **Department Headquarters no later than January 1st**. If you have any questions, please feel free to contact Tammy Beauchamp at 816-756-3390 x 6287, e-mail [tbeauchamp@vfw.org](mailto:tbeauchamp@vfw.org)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
<b>INSURED</b>	E-MAIL ADDRESS: _____	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: _____	
	INSURER B: _____	
	INSURER C: _____	
	INSURER D: _____	
INSURER E: _____		
INSURER F: _____		NAIC # _____

COVERAGES    CERTIFICATE NUMBER:    REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY (i) <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS  <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y/N <input type="checkbox"/> N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

ACORD 25 (2010/05)

© 1988-2010 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD