



**PDP JOAN HARSHBARGER  
YOUTH HOSPITAL VOLUNTEER AWARD**

Youth Hospital Volunteers from age 7 to 18 are eligible for this award.

Please include the following information with your nomination for this award.

Name of Volunteer: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Number of Hours Volunteered: \_\_\_\_\_

Services Rendered at: \_\_\_\_\_  
(Location)

Services Rendered to the Patients: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The name, address and Ladies Auxiliary number of the person submitting a candidate for the Youth Hospital Volunteer Award:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Auxiliary Name & #: \_\_\_\_\_

\_\_\_\_\_  
Signature

All Entries must be received at Department Headquarters by, May 1<sup>st</sup>. Revised 9/2008, JKR