

**DEPARTMENT CHAIRMAN INTEREST SURVEY**

**PURPOSE:** This survey is to find out names of members who may have the desire or interest in serving as a Department Chairman, Area Chairman, Hospital Representative or Hospital Deputy.

**Please complete the information located below:**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ District \_\_\_\_\_ Auxiliary Number \_\_\_\_\_

**Interested in Department Chairmanship?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list in order of preference (1,2,3, etc.):

\_\_\_\_\_ Americanism/Patriotic Instructor

\_\_\_\_\_ Historian

\_\_\_\_\_ Hospital

\_\_\_\_\_ Legislative

\_\_\_\_\_ Veterans & Family Support

\_\_\_\_\_ Community Service

\_\_\_\_\_ Membership

\_\_\_\_\_ Scholarships

\_\_\_\_\_ Youth Activities

\_\_\_\_\_ Program Coordinator

\_\_\_\_\_ Buddy Poppy/Nat. Home

**Interested in Area Chairmanship?** Yes \_\_\_\_\_ No \_\_\_\_\_

*Western Area* \_\_\_\_\_ *Central Area* \_\_\_\_\_ *Eastern Area* \_\_\_\_\_

If yes, list in order of preference (1,2,3, etc.):

\_\_\_\_\_ Americanism/Patriotic Instructor

\_\_\_\_\_ Historian

\_\_\_\_\_ Hospital

\_\_\_\_\_ Legislative

\_\_\_\_\_ Membership

\_\_\_\_\_ Veterans & Family Support/Buddy Poppy/Nat. Home

\_\_\_\_\_ Scholarships

\_\_\_\_\_ Youth Activities

**Hospital Representative?** Yes \_\_\_\_\_ No \_\_\_\_\_ **Hospital Deputy?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Hospital Facility** \_\_\_\_\_

**Return completed form to: Department of Pennsylvania VFW Auxiliary  
Department Chairmanship Interest Survey  
4002 Fenton Avenue  
Harrisburg, PA 17109-5943**