

Hospital Service Coordinator Form

3725 Alexandria Pike, Cold Spring, KY 41076, 859-441-7300

(See back for instructions)

1. Check one:				
☐ New Hospital Service Co	ordinator 🗆 Upda	ate Current Hospital Servi	ce Coordinator Inf	Fo Add'l Hospital Service Coordinator
2. Hospital Assigned To			3. State	4. Facility Number
5. Last Name	First	Middle		
6. Work Address				
7. City			8. State	9. ZIP Code
10. Home Phone Number		11. Work Number	Ext.	12. Birthdate: Month Day Year
13. Cell Phone Number			14. Workplace Email Address	
15. DAV or Auxiliary Membership ID#		16. Date Hired		17. Annual Salary (if applicable)
	CHECK MEMBERSH	HIP STATUS AND PROVIDE N	MEMBERSHIP COD	E NUMBER
18. □ DAV Member	19. □ DAV Auxiliary I	Member		
				20. Membership Code Number
21. Department Commander				22 . Date
23. Department Adjutant				

This Form Must Be Signed By Department Commander and/or Adjutant

INSTRUCTIONS

ltem 1	Please check the appropriate box if this is a new, update or additional Hospital Service Coordinator.
Item 2	Name of VA hospital where your Hospital Service Coordinator is assigned.
Item 3	State where it is located.
Item 4	Facility Number (also known as station number). This can be obtained from the Chief of VAVS.
Items 5 thru 11	Hospital Service Coordinator's full name, current work address, home phone number with area code and work phone number with area code and extension number, if applicable.
Item 12	Hospital Service Coordinator's birthdate by month, day and year.
Item 13	Hospital Service Coordinator's cell phone, if applicable.
Item 14	Hospital Service Coordinator's workplace email address (if not available, please provide alternate email address).
Item 15	DAV or DAVA Membership ID# (if applicable).
Item 16	Date your Hospital Service Coordinator was hired.
Item 17	Annual Salary at time of employment or change. (The above information will enable DAV National Headquarters to compile an average cost of the Hospital Service Coordinator program and is used for DAV statistical purposes only).
Items 18 thru 24	Indicate whether the Hospital Service Coordinator is a DAV or DAVA member and provide the appropriate membership code number. This form must be signed and dated by Department Commander and/or Adjutant.