



James A. Haley Veterans' Hospital – Voluntary Service (135)
 13000 Bruce B. Downs Boulevard, Tampa, FL 33612
 Phone: 813-972-7533 Fax: 813-903-4865 VHATAMVoluntaryService@va.gov

DONATIONS / ACTIVITIES

One (1) Form per Organization or Group (including Auxiliaries) – PRINT CLEARLY!

Date: _____	
<i>Select if Donation if from an Organization/Group/Company OR Individual</i>	
<input type="checkbox"/> ORGANIZATION Name: _____	<i>or</i> <input type="checkbox"/> INDIVIDUAL Name: _____
Point of Contact: _____	<i>If you are affiliated with a Veterans Service Organization or VAVS group, list it below (as an individual, you are making the donation, but the Org will also receive credit):</i>
Local Chapter/Unit/Team: _____	
All Donors:	
Address: _____	
City/State/Zip: _____	
Phone: _____	E-mail: _____

ITEM(S) <i>Check the appropriate box below and/or give a brief description:</i>	
<input type="checkbox"/> Toiletries (new)	<input type="checkbox"/> Clothing Items (new) <small>verify current need with Voluntary Service prior to drop-off</small>
<input type="checkbox"/> Magazines (current)	<input type="checkbox"/> Books (paperback) <input type="checkbox"/> Seasonal Cards
<input type="checkbox"/> Other: _____	
<small>(including gift cards and canteen books)</small> _____	
ESTIMATED TOTAL VALUE of ITEMS: \$	

ACTIVITIES <i>Indicate the type of activity provided and/or give a brief description:</i>	
<input type="checkbox"/> Bingo	<input type="checkbox"/> Food/Refreshments <input type="checkbox"/> Entertainment
<input type="checkbox"/> Other: _____	

Campus/Area/Unit of Activity: _____	
Date & Time of Activity: _____	
ESTIMATED TOTAL VALUE of ACTIVITY \$	

MONETARY DONATIONS <small>will be used as authorized by law or in ways that benefit VA patients while receiving care from the VA (VHA Directive 4721). If you wish to restrict your donation for a specific program or service, please indicate so below. The Voluntary Service office may contact you if additional information is required or if the specific restriction cannot be honored.</small>	
Checks must be completely filled out, with an address written or printed on the top.	
Restrictions or Earmarks: _____	
(e.g., cash, check) TOTAL MONETARY DONATION: \$	

VAVS OFFICE USE
 Computer Input Date
 Staff Initials
 VSS ID#
 File Date

VA Staff Receiving Donation (if other than VAVS): _____
 Phone number: _____



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VOLUNTEER SIGN-IN

By signing below, these volunteers agree, for an indefinite period, with the following statement: "I hereby waive all claims to monetary benefits for services rendered as a volunteer worker on a "without compensation basis". I understand that this waiver applies only to compensation for specific services rendered in the Voluntary Service Program and has no relation to any compensation for other services or benefits to which I may be entitled. (VA has entered into this agreement by the authority of 38 U.S.C., Section 513. Either party, upon written notification, may cancel this agreement.)"

Only Sign-In on this form if you did NOT log these hours on a Voluntary Service kiosk.

	PRINT NAME	HOURS	Registered Volunteers: Computer Sign-In Code (e.g., "ABC210")
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			

VA Staff certifying hours (if other than VAVS): _____

Phone number: _____

Return form to Voluntary Service: Fax: 813-903-4865 VHATAMVoluntaryService@va.gov