## Regular and Occasional Volunteer Time Sheet James A. Haley Veterans' Hospital (673), Tampa, FL

NOTE: (This sheet is to be completed for various volunteer visits/activities for either regularly scheduled volunteers unable to access the sign-in kiosk in Escort, Room 2A-215a, or by Occasional Volunteers who have not gone through the complete Volunteer Application Process.)

By signing below, these Occasional Visitors 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 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.

(NOTE: VA has entered into this agreement by the authority of 38 U.S.C., Section 513. This agreement may be canceled by either party upon written notification.)

Individual's Name	G: .	D.	Identifying Code (ex: S4321)	O	Nature of	
(Please print)	Signature	Date	Code (ex: S4321)	Organization Name	Service/VA Service Assignment	Hours