Southern AZ VA Health Care System
VOLUNTEER SIGN IN ROSTER

MONTH _____ **ACTIVITY** _____

SPONSORING ORGANIZATION _____

ORGANIZATION CONTACT PERSON: _____

CONTACT PHONE NUMBER: _____

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. (Note: VA has entered into agreement by the authority of 38 USC section 512. Either party upon written notification may cancel this agreement.)

PRINT NAME	ORGANIZATION	# HOURS