VA | U.S. Department of Veterans Affairs

Salem VA Health Care System
1970 Roanoke Blvd.
Attn: CDCE (135)
Salem, VA 24153

Complete form, return to CDCE
VHASAMVolunteerService@va.gov

DONATIONS

Center For Development and Civic Engagement

Donor

Date: _____

Donated by: (Please circle one) Organization Post Chapter Individual

Organization: *(PRINT LEGIBLE)* _____

Name: *(PRINT LEGIBLE)*

_____

Address: *(PRINT LEGIBLE)*

_____

_____

Donation Description

☐ **Activity** Type: _____

Refreshments and dollar value: $_____

_____
_____
_____
_____
_____
_____
_____
_____

☐ **Check** ☐ **Cash** ☐ **Money Order**

Check Number: _____ Check Date: _____

Amount: _____ Designation_____

Field Service Receipt #: _____

CDCE Donation ID #: _____

*For a list of accounts please ask a CDCE Staff Member.

☐ Item(s) Donated. Please give a brief description and **estimated value**: $_____

_____

_____

_____

Thank you Letter Requested ___ Yes // ___ No

Signature of Donor

FOR OFFICE USE ONLY: Disposition

Item(s) delivered to: _____

FOR OFFICE USE ONLY:

Letter Mailed to Donor ☐
Mailed by: _____ (Initials)
Date: _____

FOR OFFICE USE ONLY:

CDCE DONATION ID #: _____
Input by: _____ (Initials)
Date: _____

Event/Activities Sign-In Sheet

YOU MUST FILL OUT THE FRONT OF THIS FORM TO GET CREDIT

By signing below, these Volunteers agree, for an indefinite period, with the following statement:
"I hereby waive all claims to monetary benefits for service rendered as a volunteer worker on a 'without compensation basis.' I understand that this waiver applies to compensation for specific services rendered to the CDCE Program and has no relations 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 USC Section 513.)

Enter individual names of volunteers below.

Name (Print Legible)	Signature	Date	Organization	Nature of Assignment	Time In	Time Out	Total Hours

ATTENTION VOLUNTEER! YOUR SIGNATURE INDICATES COMPLIANCE WITH THE FOLLOWING:

Equipment Safety: Check for frayed cords.

Safety: If you spill something, wipe it up or notify VA staff. If you don't know what the spill is, notify VA staff. (Some spills require special handling.)

Infection Control: Wash hands before food preparation. When serving food, wear plastic or nitrile gloves, or bag items before program.

Fire Safety:
1. If you are working in an area with VA employees and you (the volunteer) discover a fire, report to the staff of the department and let them activate the alarm and the service fire emergency plan.
2. If you are in any location where no VA staff employees are present and you discover a fire, activate the manual fire alarm (pull box) in the corridor and follow the fire plan.

Patient Privacy: All patient information is **confidential**. Volunteers will not discuss the name, medical condition, or other patient data with anyone. Misuse or disclosure of patient information could lead to termination as a volunteer and possible fines up to $50,000. Photographs or videotaping is **not** allowed unless cleared through the office of Public Affairs.

Please complete the front of this Donation Form for any donations associated with this event, including refreshments and food.