



The information requested on this form is solicited under authority of Title 38, Section 213, United States Code, "Veterans' Benefits," and will be used to assist the recording of your Voluntary Service hours with the V A. It will not be used for any other purpose. Disclosure is voluntary. However, failure to furnish this information will result in our inability to maintain proper records of your voluntary service. Failure to furnish this information will have no adverse effect on any other benefits to which you may be entitled

I understand and agree to abide by the following factors which have been discussed with me: volunteer rights and responsibilities, reporting hours, fire/safety rules and regulations, reporting of special incidents, infection control, bloodborne pathogens, hazard communication, equipment and utility management, and confidentiality.

I hereby waive all claims to monetary benefits for services rendered as a volunteer worker on a "without compensation basis" for an indefinite period. I understand that this waiver applies only to remuneration (compensation) for specific services rendered in the Voluntary Service (V A VS) Program and is not related to any other V A services or benefits to which I may be entitled. (NOTE: VA has entered into this agreement by the authority of 38 Us.e., Section 513. This agreement may be canceled by either party upon written notice.)

I FURTHER UNDERSTAND THAT I WILL BE GRANTED AUTHORIZED ABSENCE DURING MY REGULAR WORK SCHEDULE (AFTER APPROPRIATE REQUEST HAS BEEN SUBMITTED AND APPROVED). HOURS WORKED BEYOND THE NORMAL WORKDAY OR ON WEEKENDS WILL BE CONSIDERED STRICTLY VOLUNTEER HOURS AND I UNDERSTAND THAT I WILL NOT BE PAID OVERTIME, COMPENSATORY TIME, PREMIUM PAY OR DIFFERENTIAL PAY

I voluntarily and without compensation authorize pictures and/or voice recording to be made of me by or on my behalf of VA, VFW, VCS, US military publications, and other magazines, veterans' publications, newspapers, and broadcast media, etc. while I am a volunteer in the 20th National Veterans Golden Age Games. I authorize any or all of the above to publicize and/or display such photographs and recordings, or to provide such photographs and recordings to others of their choosing for display, without notice or payment of any royalty, fee, or other compensation of any character to me for the use of my picture and/or voice. I understand that the said pictures and/or voice recordings are intended to publicize and give recognition to the National Veterans Golden Age Games

(Signature of Volunteer)

(Date)

(Signature of Chief, Voluntary Service/designee)

(Date)

Please submit completed application to:
Indianapolis VA Medical Center
NVGAG Volunteer – 135
1481 West 10th Street
Indianapolis, IN 46202

NVGAG Volunteer Hotline (317) 988-2734
Volunteer Hotline Fax (317) 988-4075