



WELCOME HOME WARRIOR SUMMIT CELEBRATION
Homeless Veteran Stand Down and Women Veteran Stand Up
Friday-Saturday, May 13th-14th, 2016

VOLUNTEER EVENT REGISTRATION FORM

Last Name: _____ First Name _____

Male _____ Female _____ Primary Phone _____

E-mail Address: _____

Emergency Contact: Name _____ Phone _____

VA Volunteer? Y N Organizational Affiliation _____

VA Employee? Y N If yes, where _____

Please circle the assignment area you are interested in working

Registration Concessions Safety/guide Homeless Program
Other: _____

Circle the shift you wish to volunteer: Friday (5/13) : 7am to 11am 11am to 4pm
Saturday (5/14): 7am to 11am 11am to 1pm Other: _____

Hours worked beyond the normal workday or on holidays will be considered strictly volunteer hours and I understand that I will not be paid overtime, compensatory time, holiday pay, premium pay or differential pay.

Signature _____ Date _____

I certify that the information on this application form is accurate and true to the best of my knowledge. 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 to which I may be entitled.

Signature of Volunteer _____ Date _____

_____, minor child, has my approval and support to work as a volunteer at St. Louis VAMC Welcome Home Celebration.

Parent/guardian signature _____ Date _____

Please return application to: Voluntary Service (135/JC), 915 North Grand Blvd. (B-011), St. Louis, MO 63106
FAX: 314-289-7658 or E-Mail: Maura.Campbell2@va.gov

