



2018 WELCOME HOME CELEBRATION
 Homeless Veteran Stand Down and Veteran's Concert
Friday-Sunday, Nov. 9-11, 2018



VOLUNTEER REGISTRATION FORM

Last Name: _____ First Name _____

Phone: _____ E-mail: _____

Emergency Contact: Name _____ Phone _____

VA Volunteer? Y N Organizational Affiliation: _____

VA Employee? Y N Location: _____

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. 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 _____ Date _____

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

Parent/guardian signature _____ Date _____

Please check what event(s) you are interested in:

Event	Date	Timeframe	
Stand Down	Friday, November 9 th	Morning	<input type="checkbox"/>
Stand Down	Friday, November 9 th	Afternoon	<input type="checkbox"/>
Welcome Home	Saturday, November 10 th	Morning	<input type="checkbox"/>
Welcome Home	Saturday, November 10 th	Afternoon	<input type="checkbox"/>
Veteran's Concert	Sunday, November 11 th	Afternoon	<input type="checkbox"/>

Please return application to: Voluntary Service (135/JB) 1 Jefferson Barracks Dr., St. Louis, MO 63125
 FAX: 314-894-5705 or E-Mail: maura.campbell2@va.gov