



V.A. WESTERN N.Y. HEALTHCARE SYSTEM

3495 Bailey Avenue  
Buffalo, New York 14215

or

222 Richmond Ave  
Batavia, New York 14020

Activities Work Sheet

Please fill out **COMPLETELY** and **PRINT** all information. Thank you.

Organization Name: \_\_\_\_\_ Post: \_\_\_\_\_

Type of Program/Activity: \_\_\_\_\_

Time (Start-Finish): \_\_\_\_\_ Date: \_\_\_\_\_

Number of Volunteers: \_\_\_\_\_ Number of Patients Served: \_\_\_\_\_

Cost of Program (Must fill in): \_\_\_\_\_

ACKNOWLEDGEMENT LETTER INFORMATION

\* **Note:** if you would like 1 Acknowledgement Letter, fill out information completely below.  
One letter will be sent to individual below (copies can be made by your agency)

Name and Title of Person  
to Receive Letter: \_\_\_\_\_ (Name)

Address to Send  
Letter: \_\_\_\_\_ (Title)

Street and Number: \_\_\_\_\_

City & State: \_\_\_\_\_

Zip: \_\_\_\_\_

(Any comments regarding activity or staff assistance – use reverse side)

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Office Use Only: Posted: \_\_\_\_\_ Letters Sent: \_\_\_\_\_



# OCCASIONAL VOLUNTEERS

*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.*

*Activity Date:* \_\_\_\_\_

*Comments:*

