



U.S. Department of Veterans Affairs

Veterans Health Administration
VA Puget Sound Health Care System



One form per donation.

Location American Lake Seattle

Today's Date _____

Donor Information

Who we are sending an acknowledgement letter to? *Please write legibly.*

Individual Corporation Veteran Service Organization

Name or Title: _____
Please indicate — Location | Group | Chapter | Unit | Post — of your organization

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

In-Kind Donations

Please give a brief description of all donated items.

Donation Details

Value (approx.)

Total Estimated Value	

Monetary Donations

Monetary Donations will be used as authorized by law or in ways that benefit VA patients while receiving care from the VA, (VHA Handbook 4721)

Check #

\$

Specific Donor Intent

Wish to restrict your donation for a specific program or service? Please list details below.

Received by _____ Signature _____

Office Use Only: Entry Date _____ Initials _____ Donation ID# _____



Visitation Guidelines—Bedside

AGE LIMIT

Children under 14 years of age may not visit inpatients

INFECTION CONTROL

If you are not feeling well, do not visit the inpatient units. Use the hand sanitizers BEFORE entering and AFTER leaving each patient room.

GIFTS

Review any distribution items with Voluntary Service when scheduling your visit! If you and the nursing staff are unable to locate a particular hospitalized Veteran at the time of your visit, please leave their card/gift with the charge nurse.

DIETARY RESTRICTIONS

Only pre-packaged, store-bought food items may be accepted. All food distributions must be pre-approved with the Charge Nurse on the unit.

REPORT

Remember to report your hours (see back of this page), similarly, if you provided gifts to patients, please complete the donation form. If you did not receive these forms, please e-mail Voluntary Service (PUGVoluntaryService@va.gov).

When in units with Veteran Patients please observe the following:

CHECK-IN

Nurse station staff will know which rooms to NOT visit. Make sure all gifts are preapproved; for example, poinsettias are not allowed on the spinal cord injury unit – Do NOT enter any rooms marked as “isolation” or listing anything other than “Standard Precautions” without guidance from clinical staff.

KNOCK-TALK-WALK

Knock and announce your name before walking into a room. Try to visit with each patient as you give them a card, gift or other well wishes. Ask them how they are; tell them who you are and what organization you represent.

VOLUME

Keep your voice low – loud or boisterous talking can be disturbing to patients. Do NOT wake a patient if they are sleeping; just leave them their card/gift. If the patient does not respond, they may be too sick or tired, so just move on to the next Veteran.

PATIENT PRIVACY

Protect Patient Privacy and Confidentiality! While we want you to get to know the patients during your brief visit, please keep their names and personal information confidential when talking about your visit afterwards. Due to patient privacy laws, no photos or voice recordings of patients are permitted.

EMERGENCY

If there is a medical emergency that occurs during your visit, press the call light and inform staff nearby.

OCCASIONAL VOLUNTEER SIGN - IN | BEDSIDE

Event: _____ Event Location: _____ Campus / Dept. / Unit _____

Event Supervisor: _____ Signature: _____

Organization: _____ Date: _____

REQUIREMENTS:

- Event / group supervisors are required to have a valid VA badge. If there is no badged supervisor, the event will be canceled.
- Event / group supervisors are responsible for all occasional volunteers in the group and are required to go over the Visitation Guidelines (see back of this form) with all the Volunteers before allowing them to sign in.
- This form must be returned to Voluntary Service at the conclusion of your event.

By signing this form volunteers agree to abide by all visitation guidelines (see back of this form), for an indefinite period, with the following statement:

"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."

*VA has entered into this agreement by the authority of 38 U.S.C., Section 513. Either party upon written notification may cancel this agreement

Only Sign-in on this form if you did NOT log these hours on the Voluntary Service computer

PRINT NAME	HOURS	SIGNATURE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Return form to Voluntary Service

CDCE Receiving Staff _____ **Date:** _____



Visitation Guidelines—Group

Our goal is to create a successful, appropriate environment for our patients to participate in activities generously donated by the community. Groups must always check-in with the designated staff person at the Nursing Station of the unit

BEHAVIOR GUIDELINES

Adherence to all guidelines presented by the VA staff, to include respecting the confidentiality of all patients and any contact precautions is expected. Voluntary Service reserves the right to terminate a volunteer or group for any of the following reasons: *children under 14, inappropriate behavior, under the influence of drugs or alcohol, negative attitudes, poor customer service, taking government property, violating patient confidentiality or taking pictures without authorization.*

ANIMALS

Only certified therapy dogs and certified service dogs are permitted with pre-approval.

PHOTOGRAPHS

Requests to take photos with patients must be approved with Public Affairs prior to the visit. Signed patient consent forms are required.

MEDIA

Both the Hospital Director and Public Affairs must review any media requests at least one week prior to the event date.

PARKING

Parking is available in any legal spot not otherwise designated with specific space or parking lot signage.

ALCOHOL

Alcohol is never permitted at any activity at VA Puget Sound Health Care System coordinated by Recreation Therapy or Voluntary Service.

FOOD SAFETY

Food distribution must be approved through Voluntary Service prior to the event.

- Patient activities are only open to the designated patients/unit for which the event is approved.
- Patients from other units should not be invited to activities unless previously cleared by the Recreation Therapy or Nursing staff.
- Only bring enough food to serve the number of patients on the unit of the pre-approved event and please do not take food to patients in other areas of the hospital.

**Clinicians review and approve patients attending activities for dietary guidelines, special dietary and safety restrictions, allergies, and other medical conditions that may not be obvious to guests.*

OCCASIONAL VOLUNTEER SIGN - IN | GROUP

Event: _____ Event Location: _____ Campus / Dept. / Unit _____

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Return form to Voluntary Service

CDCE Receiving Staff _____ **Date:** _____



U.S. Department of Veterans Affairs

Veterans Health Administration
VA Puget Sound Health Care System



Application for Occasional / Group Volunteers

Location: American Lake Seattle Other _____

Contact Information / Group Leader

Individual Corporation Veteran Service Organization

Name or Title: _____
Please indicate — Location / Group / Chapter / Unit / Post — of your organization

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

Visit / Event Details

Groups with more than 12 individuals must be approved by Voluntary Service prior to scheduling.

Frequency : Once Monthly Quarterly Annually Other: _____

*Groups coming more than **four** times per year should consider becoming regularly scheduled Volunteers*

Proposed time: 10am—12pm 1pm—4pm 5pm—8pm Other: _____

Proposed Date: _____

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Location on Campus: _____ Number of Individuals in Group: _____

Activity / Event:

Activity: _____

Music: _____

Distribution: _____

Grounds Beautification: _____

Other: _____

Vehicle Information

Car—Number of Cars: _____ Bus (Parking will need to be arranged) Other: _____

Please sign and date below to indicate you have reviewed the guidelines provided and agree to abide by them during your visit.

Signature: _____ Date: _____

Return Applications to Voluntary Service:

**Seattle: 1660 South Columbian Way,
Seattle, WA 98108 | FAX 206-764-2099**

or

**American Lake: 9600 Veterans Dr SW,
Tacoma, WA 98493 | FAX 253-589-4091**