



Recipe Drive

Veteran's Cookbook

What to Serve - *Recipes from Those Who Have Served*

Personal Information (please print clearly)

Name	
Select One <i>(that best applies)</i>	Veteran Inpatient Outpatient Family Member VA Staff VA Volunteer
What was your branch of Service and era?	
Would you like to share a personal story to be printed in the cookbook?	Yes or No <i>(If yes, please fill out the release of information form accompanying this page and remember to provide your story.)</i>
Would you like to dedicate your recipe to someone? If so, who?	
Telephone Number <i>(for clarification of info)</i>	
E-Mail <i>(optional)</i>	

Recipe Information

Title of Recipe	
How Many Does it Serve?	
Why is it a favorite?	

Recipe Ingredients

Recipe Instructions

Recipes should be delivered or mailed to **Tomah VAMC, Voluntary Services** (mail code 135) or email Laura.Bishop@va.gov by April 15th, 2010.
 VA Medical Center, Voluntary Services (135), 500 Veterans St, Tomah, WI 54660 Telephone 608.372.3971 (x 66225)

Dear Veteran,

Please share your story or poem related to your military service or let us know how this recipe is special so we may include it in the Veteran's Cookbook.

The cookbook committee reserves the right to edit content due to potential size limitations and appropriateness for our audience.

We thank you for your service to our Nation. Additionally, we thank you for sharing your story and recipe for possible inclusion in the book by and for Veterans.

*Sincerely,
The Tomah VA Cookbook Committee*

(Release of Information VA Form 10-3203 attached)

DEPARTMENT OF VETERANS AFFAIRS

CONSENT OF (Name)

CONSENT FOR USE OF PICTURE AND/OR VOICE

NOTE: The information requested on this form is solicited under the authority of title 38, United States Code. The execution of this form does not authorize disclosure of the materials specified below except for the purpose(s) stated. The specified material may be used within the VA for authorized purposes, such as for education of VA personnel or for VA research activities. It may also be disclosed outside the VA as permitted by law. If the material is part of a VA system of records, it may be disclosed outside the VA as stated in the 'Routine Uses' in the "VA Privacy Act Systems of Records" published in the Federal Register. A copy of the 'Routine Uses' is available upon request to the administrative office of the VA facility involved.

You do not have to consent to have your picture or voice taken, recorded, or used. Your refusal to grant your consent will have no effect on any VA benefits to which you may be entitled.

I hereby voluntarily and without compensation authorize pictures and/or voice recording(s) to be made of me (or of the above-name individual if the individual is legally unable to give consent) by (specify the name of the VA facility, newspaper, magazine, television

While I am (describe the activity, if any to be photographed or recorded)

I authorize disclosure of the picture and/or voice recording to (specify name and address of the organization, agency, or individual(s) to whom the release is to be made)

I understand that the said picture(s) and/or voice recordings) is intended for the following purpose(s)

I have read and understand the foregoing and I consent to the use of my picture and/or voice as specified for the above-described purpose(s). I further understand that no royalty, fee or other compensation of any character shall become payable to me by the United

(SIGNATURE OF INDIVIDUAL OR OTHER LEGALLY AUTHORIZED PERSON)

(DATE)

INTERVIEW AND PERMISSION OBTAINED BY (Name - title - address)

(SIGNATURE OF INTERVIEWER)

(DATE)

PRODUCTION TITLE

PRODUCTION NO.

IMPORTANT: This form must always be completed prior to the making or using pictures and 1/2 or voice recording(s) of any individual. If that individual has any history of drug abuse, alcoholism or sickle cell anemia or injection with the human intmunodeficiency virus, an additional VA Form 10-5345 is required prior to the release of any data to any source.

IMPRINT PATIENT PLATE OR WRITE IN INDIVIDUAL'S NAME & ADDRESS