



U.S. Department  
of Veterans Affairs

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## APPLICATION FOR VOLUNTARY SERVICE

**The Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 15 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. The form is used to assist personnel of both voluntary organizations, which recruit volunteers from their membership, and the VA in the selection, screening and placement of volunteers in the nationwide VA Voluntary Service program. The volunteer program supplements the medical care and treatment of Veteran patients in all VA facilities.

**PRIVACY ACT INFORMATION:** The information requested on this form is solicited under the authority of 38 U.S.C. 7405(a)(1)(D) and will be used in the selection and placement of potential volunteers in the VA Voluntary Service Program. The information you supply may be disclosed outside VA as permitted by law; possible disclosures include those described in the 'routine uses' identified in the VA system of records 57VA135 Voluntary Service Records-VA, published in the Federal Register in accordance with the Privacy Act of 1974. The routine uses include disclosures: in response to court subpoenas, to report apparent law violations to other Federal, State or local agencies charged with law enforcement responsibilities, to service organizations, employers and Unemployment Compensation Offices to confirm volunteer service, and to congressional offices at the request of the volunteer. Disclosure of the information is voluntary, however, failure to furnish the information will hamper our ability to arrange the most satisfactory assignment for you and the Department of Veterans Affairs.

NAME (Last, First, Middle Initial)

ADDRESS (Street, City, State and Zip Code)

DATE

TELEPHONE NUMBER

E-MAIL ADDRESS

DATE OF BIRTH

ORGANIZATION MEMBERSHIP(S) (Unit, Post, Chapter, if Affiliated)

ASSIGNMENT PREFERENCES

1.  2.  3.

SEX  M  F

EXPERIENCE AND TRAINING (Special Skills/Abilities)

RESTRICTIONS, LIMITATIONS OF SERVICE (Health Concerns, Medications, Allergies, etc.)

AVAILABILITY (Days and Times)

IN CASE OF EMERGENCY, PLEASE CONTACT (Name, Relationship, Phone Number)

Monetary Waiver: I hereby waive all claims to monetary benefits for services rendered as a volunteer worker on a "without compensation basis" for an indefinite period. I understand that this waiver applies only to remuneration (compensation) for specific services rendered in the VA Voluntary Service (VAVS) Program and is not related to any other VA services or benefits to which I may be entitled. (**NOTE:** VA has entered into this agreement by the authority of 38 U.S.C. 7405(a)(1)(D). This agreement may be canceled by either party upon written notice.) I hereby accept the volunteer appointment(s) as outlined above.

Volunteer Signature

Date

I hereby appoint this applicant as a VA without-compensation employee subject to the provisions on this application. The above individual has been provided basic and assignment specific orientations which have been documented in the official volunteer folder located in the VA Voluntary Service Office.

\_\_\_\_\_  
VAVS Program Manager - Appointing Official Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY

1. SUPERVISOR

2. SUPERVISOR PHONE NUMBER

3. ORIENTATIONS

4. UNIFORM

COMMENTS

NAME AND TITLE OF REVIEWER

DATE

**NOTE TO STUDENTS AND PARENTS:** The VA medical center is a federal building, and, as such, must be open to the public. Our employees, patients, and volunteers come from diverse backgrounds. Eligible Veterans are entitled to services offered by VA, even if they have had problematic incidents in their past - unless the law specifically disqualifies them. Our job is to provide care to Veterans and to protect our employees, patients, and volunteers as that care is provided.

**STUDENT VOLUNTEER:** If accepted, I agree to adhere to the policies and procedures of this VA healthcare facility and to respect the confidentiality of information pertaining to the patients and their treatment. If a patient, staff member, volunteer, and/or visitor is abusive, makes inappropriate gestures, advances, or conversation, that is in a manner which makes me feel uncomfortable, I will immediately inform my supervisor or a VAVS staff member.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PARENT/GUARDIAN:** The above named student has my consent as parent/guardian to serve as a Student Volunteer in this VA healthcare system. I have read the above agreement as signed by my student and understand their obligation to the program if they are accepted into the VAVS Student Volunteer Program. I also grant permission for my child to receive emergency medical treatment if injured while volunteering.

Signature \_\_\_\_\_

Date \_\_\_\_\_

NOTE: Completion of this application does not guarantee acceptance into this program.



# Volunteer Interest and Disclosure Questionnaire

Name (First, Middle, Last): \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(For ID card placard use only: Must show proof of being a Veteran for ID placard)**

Are you are a Veteran? Yes No

Army Marines Navy Air Force Coast Guard

Are you at least 18 years of age? Yes No (If No, please list your age \_\_\_\_\_)

**Please indicate your availability for the following shifts:**

Select all that apply

- |  |  |
|--|--|
| <input type="checkbox"/> Weekday mornings (8am-12pm)   | <input type="checkbox"/> 1-2 Days a Week |
| <input type="checkbox"/> Weekday afternoons (12pm-4pm) | <input type="checkbox"/> 2-3 Days a Week |
| <input type="checkbox"/> Weekday evenings (6pm-8pm)    | <input type="checkbox"/> 3-4 Days a Week |
| <input type="checkbox"/> Sunday (chapel)               | <input type="checkbox"/> 5 Days a Week   |

Are you currently a college student?  Yes  No (If Yes, please list your school \_\_\_\_\_)

Are you fulfilling a school requirement?  Yes  No (If Yes, please explain in the space provide below)

\_\_\_\_\_

\_\_\_\_\_

**Please select your employment status?**

Full-time  Part-time  Retired  Self-employed  Unemployed

**What type of volunteer position interests you?**

Direct Patient Contact  Limited Patient Contact  No Patient Contact

Are you available to commit to volunteering **a total of at least 50 hours (Required)**? Yes No

Are you available to commit to volunteering for at least six months?  Yes  No

Have you been an **inpatient** with the VA CIHCS in the last **6 months**? Yes No

Are you currently or have you participated in the CWT program in the last **6 months**?  Yes  No

Are you a Federal employee?  Yes  No (If yes, which agency?) \_\_\_\_\_

**Background Information**

**Failure to disclose requested information and/or falsifying information could result in disqualification from the Voluntary Service program.**

Your answers to the following questions should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16<sup>th</sup> birthday, (3) any violation of law committed before your 18<sup>th</sup> birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

**Have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses)**

Yes       No (If yes, please explain in the space provide below)

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**Have you been convicted by a military court-martial? (If no military service, answer "NO.")**

Yes       No (If yes, please explain in the space provide below)

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**Are you currently under charges for any violation of law?**  Yes  No (If yes, please explain in the space provide below)

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**Have you ever been fired from a position in a Federal Agency?**  Yes  No (If yes, please explain in the space provide below)

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**Are you required to complete volunteer work due to a court mandated order (ex. court mandated community service)?**  Yes  No (If yes, please explain in the space provide below)

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**Do you now or have you ever had a disruptive behavior flag place on your VA chart?**  Yes  No (If yes, please explain in the space provide below)

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# PIV Credential Identity Verification Matrix

All identity source documents shall be bound to the applicant and shall be neither expired or cancelled. **PIV and Non-PIV credentials require two forms of identification, one primary and one secondary. The secondary identity source document may be from the primary or secondary list, but if from the primary list it cannot be of the same type as the primary identity source document example.**

Flash Badges may be issued following review of a single primary or secondary identity document including applicant photograph. [FIPS 201-2](#)

Primary Identity Source Document	Secondary Identity Source Document
<ul style="list-style-type: none"> <li>• A U.S. Passport or U.S. Passport Card</li> <li>• A Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>• A foreign passport</li> <li>• An Employment Authorization Document that contains a photograph (Form I-766)</li> <li>• A Driver's license or ID card issued by a State or possession of the United States provided it contains a photograph</li> <li>• A U.S. Military card</li> <li>• A U.S. Military dependent's ID card</li> <li>• A PIV Card</li> </ul>	<ul style="list-style-type: none"> <li>• A U.S. Social Security Card issued by the Social Security Administration</li> <li>• An original or certified copy of a birth certificate issued by a state, county, municipality authority, possession or outlying possession of the U.S. bearing an official seal</li> <li>• An ID card issued by a federal, state, or local government agency or entity, provided it contains a photograph</li> <li>• A voter's registration card</li> <li>• A U.S. Coast Guard Merchant Mariner Card</li> <li>• A Certificate of U.S. Citizenship (Form N-560 or N-561)</li> <li>• A Certificate of Naturalization (Form N-550 or N-570)</li> <li>• A U.S. Citizen ID Card (Form I-197)</li> <li>• An Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>• A Certification of Birth Abroad or Certification of Report of Birth issued by the Department of State (Form FS-545 or Form DS-1350)</li> <li>• A Temporary Resident Card (Form I-688)</li> <li>• An Employment Authorization Card (Form I-688A)</li> <li>• A Reentry Permit (Form I-327)</li> <li>• A Refugee Travel Document (Form I-571)</li> <li>• An Employment authorization document issued by Department of Homeland Security (DHS)</li> <li>• An Employment Authorization Document issued by DHS with photograph (Form I-688B)</li> <li>• A driver's license issued by a Canadian government entity</li> <li>• A Native American tribal document</li> </ul>