



**2011  
Summer Youth  
Volunteer Program**

**COVER SHEET**

Date Submitted: \_\_\_\_\_ T-shirt size (adult sizes): \_\_\_\_\_

Name: \_\_\_\_\_

School: \_\_\_\_\_

School Principal: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_

Assignments are will placed based upon availability. Please select your top 3 choices below, with (1) being your most preferred and (3) your least preferred.

- (1). \_\_\_\_\_
- (2). \_\_\_\_\_
- (3). \_\_\_\_\_

I will be able to orient on:

- \_\_\_\_\_ Tuesday, June 7, 2011, 8am – 12pm
- \_\_\_\_\_ Saturday, June 18, 2011, 8am – 12pm
- \_\_\_\_\_ Tuesday, June 28, 2011, 8am – 12pm

Please submit your completed application packet to: Paula McCarl, Voluntary Services Coordinator, VA Butler Healthcare, 325 New Castle Road, Butler, PA 16001; email: [Paula.McCarl@va.gov](mailto:Paula.McCarl@va.gov); fax: 724-285-2582; or, in person, room 207-C.

Completed application packet consists of: **(1)** Cover Sheet; **(2)** Volunteer Application with Attachment; **(3)** Request for Personal Identity Verification Card – Form 0711 (Volunteer only needs to complete **Section I** – items 1 through 9; and **Section III** – items 3, 4, 5, 7, 8 and 9; for place of birth list city and state); and **(4)** Consent for Photo Release