



2012 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:

- _____ Monday, June 11, 2012, 8am—12pm
_____ Tuesday, June 19, 2012, 8am—12pm
_____ Saturday, June 23, 2012, 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; fax: 724-285-2582; or, in person, room 207-C.

Completed application packet consists of: **(1)** Cover Sheet; **(2)** Volunteer Application with Attachment; **(3)** If 18 or older, please complete the Request for Personal Identity Verification Card – Form 0711 (Volunteer only needs to complete Section 1 – 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