



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. 513 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 57VA125 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
<input type="text"/>		<input type="text"/>	<input type="text"/>
Telephone Number	Email Address (Optional)	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
ORGANIZATION MEMBERSHIP(S) Unit, Post, Chapter, if affiliated		ASSIGNMENT PREFERENCES	
<input type="text"/>		SEX <input type="checkbox"/> M <input type="checkbox"/> F	
		1. <input type="text"/>	2. <input type="text"/>
		3. <input type="text"/>	

EXPERIENCE AND TRAINING (special skills/abilities)

RESTRICTIONS, LIMITATIONS OF SERVICE (Health concerns, medications, allergies, etc.)	AVAILABILITY (Days and times)
<input type="text"/>	<input type="text"/>

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., Section 513. This agreement may be canceled by either party upon written notice.) I hereby accept the volunteer appointment(s) as outlined above.

SSN:

Veteran: Yes No

Volunteer's 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 <input type="text"/>	2. SUPERVISOR PHONE NUMBER <input type="text"/>
3. ORIENTATIONS <input type="text"/>	4. UNIFORM <input type="text"/>

COMMENTS	NAME AND TITLE OF REVIEWER	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 veterans care 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.

VA BUTLER HEALTHCARE #529, BUTLER, PENNSYLVANIA, VOLUNTARY SERVICES
Volunteer Application – Attachment A

Name: _____

It is the policy at this facility that all (adult and youth) prospective volunteers have their fingerprints taken (for a background investigation) and a PPD Tuberculin skin test conducted (or proper verification of test) prior to beginning any volunteer services. For those unable to have a PPD Tuberculin skin test, alternatives will be reviewed.

Potential volunteers may not volunteer until verification of suitability and a PPD Tuberculin skin test reading has been obtained:

1. Verification of suitability (i.e. fingerprinting/background investigation) usually takes 7 to 10 business days. Upon receiving the suitability, the potential volunteer will be notified of their status and restrictions if noted. A mutually arranged date will be established for the volunteer to obtain their identification badge. Exception: youth volunteers (17 years of age and below) will receive their identification badge during their initial orientation.

2. After the PPD Tuberculin Skin Test has been administered, the potential volunteer must have the skin test read in 48 hours by a certified nursing or medical professional for verification. The person is to report back to the facility for this reading, or if it is more convenient, to another certified medical professional (i.e. nurse, physician, etc.). This verification should be submitted back to voluntary services on the facility's letterhead and the name/title of the person reading the skin test must be clearly noted and legible along with the reading.

____ (initial) I understand that as a volunteer at the VA Butler Medical Center, I will be fingerprinted in accordance with the VA Handbook 0710 "Personnel Suitability and Security Program", dated August 2005, and that once reviewed and adjudicated, the findings may result in my termination as a volunteer or that I may not be permitted to volunteer in certain areas at the facility, and that I will receive written confirmation of such termination or restrictions.

____ (initial) I understand that a PPD Tuberculin Skin Test is a requirement for anyone wishing to volunteer at the VA Butler Healthcare facility and agree to have a PPD Tuberculin skin test administered. **Or,**

____ (initial) I understand that a PPD Tuberculin Skin Test is a requirement for anyone wishing to volunteer at the VA Butler Healthcare facility and that I have had a PPD Tuberculin skin test recently administered within the year with a negative reading and have provided appropriate documentation for verification. However, a PPD Tuberculin skin test may be administered if the test was completed outside an established or recommended timeframe.

Signature of Volunteer

Date

For youth volunteers: By my signature below you I give permission for fingerprinting and a PPD Tuberculin skin test for _____.

Printed Name of Parent/Legal Guardian

Relationship

Signature of Parent/Legal Guardian

Date



CONSENT FOR USE OF PICTURE AND/OR VOICE

CONSENT OF (Name)

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 station, etc.)

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, video and/or voice recording 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 States for such use. I understand that consent to use my picture, video and/or voice recording is voluntary and my refusal to grant consent will have no effect on any VA benefits to which I may be entitled. I further understand that I may at any time exercise the right to cease being filmed, photographed or recorded, and may rescind my consent for up to a reasonable time before the picture, video or voice recording is used.

SIGNATURE OF INDIVIDUAL OR OTHER LEGALLY AUTHORIZED PERSON DATE

PERMISSION OBTAINED BY (NAME - TITLE - ADDRESS)

SIGNATURE OF INTERVIEWER OR INDIVIDUAL OBTAINING CONSENT DATE

PRODUCTION TITLE PRODUCTION NUMBER

INDIVIDUAL'S NAME AND ADDRESS IMPORTANT: This form must always be completed prior to the making or using pictures, video or voice recording(s) of any VA patient. If any patient health or demographic information is to be provided or released with the picture, video or voice recording, VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information is required prior to the release of such data to any source.