

PLEASE PRINT ALL REQUIRED INFORMATION

Application #: _____

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____
 Address: _____
 City: _____ State: dsf Zip: dfdsfds Home Telephone: (____) _____
 Work Telephone: (____) _____ E-mail: _____ Date of Birth: _____

Emergency Contact Name: dfsdfs Relationship: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Home Telephone: (____) _____
 Work Telephone: (____) _____

Indicate any allergies, health conditions, or disabilities which may interfere with your ability to perform volunteer work.

Do you wish to declare yourself handicapped? Yes No

Volunteer/Work Experience

Are you currently employed? Yes No Retired
 If yes: Full Time Part Time
 Occupation: _____
 Employer Name and Address: _____

 Supervisor's Name: _____
 Telephone: (____) _____
 Have you previously served as a VA volunteer? Yes No
 If yes, Where: _____ When: _____
 Assignment: _____
 Previous Volunteer Experience (Agency Name, Address, City, State, Zip) _____
 _____ Telephone: (____) _____
 Previous Volunteer Experience (Agency Name, Address, City, State, Zip) _____
 _____ Telephone: (____) _____
 Highest Grade of Education Completed: _____

High School Applicants Only

Name of Parent or Legal Guardian: _____
 Address: _____
 City: _____ State: _____
 Zip: _____ Home Telephone: (____) _____
 Work Telephone: (____) _____
 Are you receiving school credit for your volunteer work?
 Yes No
 How many hours do you need to complete?
 _____ hours by _____ (date)
 School Counselor Name: _____
 Work Telephone: (____) _____
 High School: _____
 Year of Graduation: _____

Additional Information

Are you now under charges for any violation of law?
 Yes No
 If yes, please provide the following information:
 Date of occurrence: _____
 Place of occurrence: _____
 Violation: _____

 Name and address of police department or court involved:

During the last 5 years, were you fired from any job or dismissed from a volunteer assignment for any reason?
 Yes No
 Did you quit after being told that you would be fired?
 Yes No
 Did you leave by mutual agreement due to specific issues?
 Yes No
 If yes, please provide the following:
 Name and Address of Employer/Volunteer Agency:

 Date of occurrence: _____
 An explanation of the problem and reason for leaving:

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Reasons for Volunteering at PVAMC:

Interests and Skills Check all that apply:

Clerical Skills Typing Filing Phone receptionist Photocopier Computer Mailings

Communication

Public speaking Calligraphy Writing Foreign Language Public relations
 Research Photography Interviewing Fundraising

Patient Care Services

Messenger services Transporting patients Read to patients
 Visiting/Listening Nurse aide Feeding patients

Personal Skills To Use or Teach

Drawing Sewing Painting Crafts Knitting
 Crocheting Baking Sewing Gardening

Additional Skills/Comments

Certification

After completing application, please read carefully and sign.

The information requested on this form is solicited under authority of Title 38, section 213, United States Code, "Veterans' Benefits," and will be used to assist the recording of your Voluntary Service hours for the Department of Veterans Affairs. However, failure to furnish the information will result in our inability to maintain proper records for your volunteer service. Failure to furnish this information will have no adverse effect on any other benefit to which you may be entitled. By becoming a PVAMC volunteer, I give consent for my picture to be taken during special events or during my volunteer assignments to promote VAVS.

I hereby waive all claims to monetary benefits for services rendered a volunteer worker on a "without compensation basis." I understand that this waiver applies only to compensation for specific services rendered in the Voluntary Service Program and has no relation to any compensation for other services or benefits to which I may be entitled.

My signature below indicates that I have read, understood, and consented to the above statements. This authorization or photocopy shall serve as consent for the Medical Center to request any information concerning my application.

Signature

Date

Parent/Legal Guardian Signature (required if the volunteer is under 18 years of age)

Date



Addendum to PVAMC Volunteer Application

All Adult Volunteers (18 years old and older):

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. Our employees, patients, and volunteers come from diverse backgrounds. Eligible veterans are entitled to services offered by VA, even if they have 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. 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 and a VAVS staff member.

Name (please print): _____

Signature: _____

Date: _____

Note: Completion of this application does not guarantee acceptance into this VA Voluntary Service program.



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"/>		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.

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.

Volunteer: Please complete sections 1 and 2.
Reference: Please complete section 3.

1 I, _____ give my permission to Voluntary Service at the Philadelphia Department of Veterans Affairs Medical Center to contact the person named below as a reference. I understand that the information can be used to determine my placement as a volunteer.
 Signature: _____ Date: _____

2 Reference Information

Name of Reference: _____ Relation to Applicant: _____

3 Reference

Telephone Number of Reference: _____ Are you familiar with the applicant's work habits? Yes No

How long have you known the applicant? _____ Years _____ Months

In what capacity? _____ Work School Other _____

Please check the appropriate columns:

	Below Average	Average	Above Average	Have not observed
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge and Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability/Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In your opinion, would this person work well as a volunteer at the Philadelphia VA Medical Center?

Yes No

Do you recommend this individual for a volunteer assignment at the Philadelphia VA Medical Center?

Yes No

To the best of your knowledge, has this applicant ever been involved in any criminal activity?

Yes No

Signature of Reference _____ Date _____

Please return form to:
Philadelphia VA Medical Center Voluntary Service (135)
3900 Woodland Avenue
Philadelphia, PA 19104

For Official Use Only

Date Received in Voluntary Service Office: _____ Voluntary Staff Signature: _____

Comments:

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Acceptance of Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: