

VOLUNTEER CHECK LIST

NAME: _____ (LAST) _____ (FIRST)

SS#: _____

1 Volunteer Services

 Voluntary Service Staff Signature

2 Volunteer to complete:

- Clearance Form
- Volunteer Application
- Employee Health Record
- (Name, Address, Phone, SSN, Date of Birth, Sex/Gender, and Marital Status)

3 Admitting & Eligibility

 Admitting & Eligibility Staff Signature

4 Finger Printing

8:00 AM - 3:00 PM Call Ahead



 Voluntary Service Staff Signature

5 Photo ID

COMMENTS: For Voluntary Service Staff Only:

Volunteer does not require finger printing for the following reason: (check or enter comments)

___ Youth

TB CLEARANCE FORM

REPORT TO: EMPLOYEE HEALTH

(after registering at Admitting)

Requirement: 2 skin tests if no TB test within the past year
 & proof of MMR and chickenpox vaccination

Palo Alto/ Menlo Park Divisions
Bldg. 7, Room E 118/Bldg 334, Room D122
 Please call 650-493-5000 extension 65480
 for hours or to make an appointment

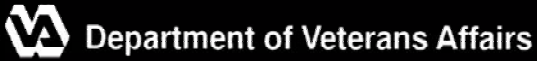
Livermore Division
Bldg 62, Room 442
 Please call 925-373-4700 extension 35615
 to schedule an appointment



TB SCREENING CLEARED

 Employee Health Staff Signature Date

RETURN TO : VOLUNTARY SERVICE



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 medical centers.

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. Disclosure of the Social Security number is voluntary. The number will be used in the identification or records.

NAME (Last, First, Middle Initial)		ADDRESS (Street, City, State and Zip Code)	DATE
TELEPHONE NUMBER	SOCIAL SECURITY NUMBER (Optional)		DATE OF BIRTH
			SEX <input type="checkbox"/> M <input type="checkbox"/> F
ORGANIZATION MEMBERSHIP(S) (Unit, Post, Chapter, if affiliated)		ASSIGNMENT PREFERENCES	
		1.	2. 3.

EXPERIENCE AND TRAINING (Special skills/Abilities)

RESTRICTIONS OR LIMITATIONS OF SERVICE (Health concerns, medications, allergies, etc.)	AVAILABILITY (Days and time)
----------------------------------------------------------------------------------------	------------------------------

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.)

_____ Volunteer's Signature _____ Date

STUDENT VOLUNTEER PARENTAL APPROVAL

_____ has my approval to work as a volunteer within the Department of Veterans Affairs and my permission to receive diagnoses or emergency medical treatment if injured while volunteering.

_____ Parent/Guardian Signature _____ Date

OFFICE USE ONLY

1. SUPERVISOR _____	2. SUPERVISOR PHONE NUMBER _____
3. ORIENTATIONS _____	4. UNIFORM _____

COMMENTS	NAME AND TITLE OF INTERVIEWER	DATE

Student / Youth Volunteer

If accepted, I agree to adhere to the policies and procedures of this VA health care facility and to respect the confidentiality of information pertaining to the patients and their treatment. The VA health care system 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. 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.

Student / Youth Signature _____ Date _____

Parent / Guardian

The above named student has my consent as parent/guardian to serve as a Student / Youth Volunteer in this VA health care system. I will provide transportation to and from the work site for my child. I feel that he/she is physically and mentally fit to fulfill his/her duties. I have read the above agreement as signed by my child and understand their obligation to the program if they are accepted into the VAVS Student /Youth Volunteer Program. I grant permission for my child to receive medical services which may include a physical examination, tuberculin skin test, hepatitis B vaccine, influenza vaccine, chest x-ray, when deemed necessary, and diagnostic and emergency treatment if injured while volunteering. I also grant permission for my child to be fingerprinted if computer access is needed to perform their assignment.

The VA health care system 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. The student has been notified to immediately inform their supervisor and/or a VAVS staff member in the event a patient, staff member, volunteer, and/or visitor is abusive, makes inappropriate gestures, advances or conversation, that is in a manner which makes them uncomfortable.

Parent / Guardian Signature _____ Date _____

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

DRIVER'S INFORMATION

CDL#: _____

Copy of drivers license: _____

Proof of insurance: _____

DMV clearance: _____

Date: _____

TUBERCULIN TEST	CHEST X-RAY	ANTISMALLPOX	BLOOD TEST OR COUNT	LABORATORY TESTS	GENERAL PHYSICAL	OTHER
EMPLOYEE'S NAME (Last, first, middle initial)			ADDRESS (Number, Street, City, State, and ZIP code)			HOME PHONE
SOCIAL SECURITY NO.		DATE OF BIRTH	SEX	MARITAL STATUS	POSITION TITLE	

DATE	TIME		HISTORY, FINDINGS, DIAGNOSIS, EXAMINATION OR TEST REQUIRED	TREATMENT, HEALTH, GUIDANCE OR EXAMINATION AND TEST RESULTS	EXAMINED OR TREATED BY
	IN	OUT			

PRIVACY ACT NOTICE: Section 7901 of Title 5, United States Code, is the basic legal authority for providing occupation health services to Federal employees. Office of Management and Budget Circular A-72 provides for the maintenance and control of employee health records. Provision of this information is voluntary. However, the VA needs this information to develop and maintain an efficient employee health program, to assist employees in case they suffer a medical emergency at work, and to develop statistical medical reports for the Office of Personnel Management.