

Department of Veterans Affairs Application for Voluntary Service for the 29th National Veterans Wheelchair Games

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 collect 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.

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 required, as well as, your date of birth. These numbers will be used in the identification of records within our database.

Name (Last, First, Middle Initial)		Address (Street, City, St	tate, Zip Code)	Date				
				Date of Birth				
Telephone Number	Alternate Telephone Number			Sex: () M () F				
()	()							
Organization Membership(s) (Unit, Post, Chapter, if affiliated)		Assignment Preferences	Assignment Preferences					
		1.	1. 2. 3.					
Experience and Training (Spec	cial Skills/Abilities)							
Restrictions or Limitations of S	ervice (Health, Medications, Aller	gies, etc.)	Availability (Dates and Times)					
In Case of Emergency, Please	Contact (Name, Relationship, Te	lephone Number)	Have you ever been Convicted of a Felony Offense? ()Yes ()No					
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. (<i>NOTE</i>) 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.)								
(Voluntee	r's Signature)	(Da	(Date)					
STUDENT VOLUNTEER PARENTAL APPROVAL								
has my approval to work as a volunteer within the Department of Veterans Affairs and my permis- sion to receive diagnoses or emergency medical treatment, if injured while volunteering.								
(Parent/G	uardian Signature)	(Da	te)	_				
OFFICE USE ONLY								
1. Supervisor: 2. Supervisor Telephone Number:								
3. Orientation(s):		4. Uniform: _	4. Uniform:					
Fingerprinting Required: ()Yes ()No	Name and Title of Interviewer:		Date:				

SIGN UP EARLY! Volunteer Positions are a first come, first serve basis. Please return your application <u>NO LATER THAN April 1, 2009</u>											
Volunteer E-mail:											
T-Shirt Size: S() M() L() XL() XXL() XXXL()											
VOLUNTEER JOB OPPORTUNITIES Please select your top 5 choices with 1 being your 1st choice, 2 your 2nd choice, etc.											
 Airport Air Guns Archery Awards Baggage Hand Basketball Block Party Block Party Closing Banqu Closing Banqu Computer Sup Construction/E Data Managem Entertainment Expo Assign Where 	et hter port ngineering hent	() () () () () () () () () ()	Kid's Day Medical S Merchand Motor Ral	vice ling //Info Services lupport lise ly Ceremonies ohy ccer lations gby	() S () S () S () S () T () T () T () V () V () W () W () W	ecurity lalom oftball pecial Eve ponsor Din wimming able Tenni rack ransportati rapshootin enue Logis olunteer So /arehouse /ater/Towe /eightlifting /elcome Re	nner s on g stics ervices Logistics Is/Ice				
Available to lift: () Light () Medium () Heavy materials/objects.											
	Sunday July 12	Monday July 13	Tuesday July 14	Wednesday July 15	Thursday July 16	Friday July 17	Saturday July 18				
6:00 am - 8:00 am											
8:00 am - 12:00 pm 12:00 pm - 4:00 pm											
4:00 pm – 8:00 pm											
		I									

Please select when you are available to Volunteer

8:00 pm - 10:00 pm

Thank you in advance for your support of the 2009National Veterans Wheelchair Games

Please return applications no later than April 1, 2009 to Voluntary Service (135) VAMC, 4815 N Assembly St., Spokane WA 99205 for more information please contact Kathy Kovalesky at (509) 434-7510