

# VA Boston Health Care System Volunteer Application Packet

## Instructions:

**\*\* Prior to beginning this Application Packet please download the Volunteer Handbook from: <http://www.boston.va.gov/giving/> . You will need to read the handbook prior to completing the volunteer orientation test.**

**1) Please fill in the volunteer application (VA FROM 10-7055) (Page 1 & 2).**

**2) Read the Statement of Commitment and Understanding (Page 3).**

**3) Complete the volunteer orientation test (Page 4, 5 & 6).**

(This step is optional at this time. You may print this packet and complete the test by hand at a later time. However, this orientation test should be completed prior to delivering your application packet to Voluntary Services.

**4) Print this packet** (This form cannot be saved as a completed application. It must be printed or all entered information will be lost).

**5) Sign and date the Application, Statement of Commitment and Understanding, and Orientation test.**

**6) Deliver this entire packet to the VA Boston Hospital Campus where you are applying to volunteer** (mail or in person):

**Brockton - Voluntary Services (135)  
940 Belmont St.,  
Brockton, MA 02301  
PH#: (774) 826-1135**

**West Roxbury - Voluntary Services (135)  
1400 VFW Parkway  
West Roxbury, MA 02132  
PH#: (857) 203-5135**

**Jamaica Plain - Voluntary Services (135)  
150 S. Huntington Ave.  
Jamaica Plain, MA 02130  
PH# (857) 364-5071**

**\*If you plan to bring your paperwork in, rather than mail, please call the campus you are applying to and schedule an appointment.**



Department of Veterans Affairs

## 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)

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.

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 VAVS Program Manager - Appointing Official Signature

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 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 health care 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.

## Statement of Commitment and Understanding

As a volunteer of the Department of Veterans Affairs (VA), I am committed to safeguarding the personal information that veterans and their families have entrusted to the Department. I am also committed to safeguarding the personal information which VA employees and applicants have provided.

To ensure that I understand my obligations and responsibilities in handling the personal information of veterans and their families, I know that I should contact my local Privacy Officer, Freedom of Information Act Officer, Information Security Officer, Regional or General Counsel representative when I am unsure whether or how I may gather or create, maintain, use, disclose or dispose of information about veterans, their families, VA employees and applicants.

I further understand that if I fail to comply with applicable confidentiality statutes and regulations, I may be subject to civil and criminal penalties, including fines and imprisonment. I recognize that VA may also impose administrative sanctions, up to and including removal for violation of applicable confidentiality and security statutes, regulations and policies.

I certify that I fully understand all that is outlined above and I am committed to safeguarding personal information regarding veterans, their families, VA employees and applicants.

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Printed name

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Volunteer Signature

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Date

New Volunteer Orientation Test.

This test is to be taken after you read the Volunteer Handbook. A score of 100% is necessary for appointment as a WOC.

1) The mission of the VA Boston Healthcare System is to NOT put Veterans first:

- True       False

2) VA Volunteers bring to patients a part of the outside world and a feeling of belonging, of not being isolated because of hospitalization:

- True       False

3) The fire and police emergency telephone numbers are:

- 333, 911  
 3333,9911  
 3333,5911  
 33333,55911

4) Safety is everyone's business, practice it daily:

- True       False

5) Code Blue refers to a Fire Emergency:

- True       False

6) Code Yellow refers to a Missing Patient:

- True       False

7) Volunteers are treated as employees for purposes of accidents and injury occurring during official, regularly scheduled volunteers duties:

- True       False

8) Eating, drinking, smoking, applying cosmetics/lip balm, handling contact lenses is permitted where there is a likelihood of exposure to blood/body fluids:

True       False

9) Food and drink shall not be kept in refrigerators, freezers, counter-tops, shelves where blood/body fluids may be present:

True       False

10) Use alcohol based hand rub for routine hand hygiene before and after patient contacts:

True       False

11) Only a few volunteers work under the supervision of a staff member:

True       False

12) As a volunteer you need not sign in every single day you volunteer:

True       False

13) Volunteer uniforms are not required however, all volunteers must wear their VA ID badge:

True       False

14) Should you learn confidential information about a patient in the our care you are allowed to share that information with other patients:

True       False

15) If you feel you have been the object of either verbal/physical harassment you should immediately tell as many volunteers as possible in an effort to protect them:

True       False

16) HIPAA stands for:

- Health Information Protection Access and Accountability Act.
- Health Insurance Provider Alert and Access Act.
- Health Insurance Portability and Accountability Act.
- Health Information Provider Alert and Access Act.

17) Respecting and providing for a patients privacy is everyone's responsibility:

- True
- False

18) Should you need to heat your lunch during your break, it is acceptable to leave a toaster-microwave unattended:

- True
- False

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**STOP**

The following pages will be completed by VA Staff if you are accepted into this program.  
Please print this entire packet and deliver to VA Boston Voluntary Services.

**Volunteer - Service Description / Position Description**  
**(To be completed by VA Staff/Supervisor)**

**Volunteer Name:**

**Position Title:**

**Service:**

**Site/Location:**

**Supervisor:**

EXT.

*Mark all that apply:*

**Limited Contact (works <32 hrs month)**

**Has Access to Vital Patient Information**

**High Exposure (works >32 hrs month)**

**VA Computer Access**

**Works Unsupervised with Patients**

**Driver**

*Please attach a copy of assigned services and duties or complete the following*

Detailed Description of Assigned Services and Duties:

Volunteer has been accepted into placement for this service, has been provided an orientation to the area and has demonstrated they are capable of providing the above services.

Site Supervisor  
Signature:

date:





**DEPARTMENT OF VETERANS AFFAIRS**  
**MEMORANDUM**

**DATE:**

**SUBJECT:** Volunteer requirements for WOC appointment

**FROM:** Voluntary Service (135)

**TO:** Occupational Health  
Human Resources

*Please be advised the following individual is seeking a WOC appointment as a volunteer:*

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(First Name)                      (MI)                      (Last Name)

*Acceptance into our program will require the following as checked below:*

	Req	Initials	Date
Orientation Training/Test (Volunteer Services)			
TB Check (Occupational Health)			
Fingerprint Check (HR Security)			
PIV Card (HR Security): <i>(circle one)</i> FLASH    NON-PIV    PIV			
Computer Privacy and Security Training (Volunteer Services)			
Defensive Driver Training (Volunteer Services)			
Safe Driving/Insurance Selection Page (Insurance Company)			
Medical Clearance (Occupational Health)			
SF 85/306 NACI (HR Security)			

*Volunteer candidate is to return this memo to Voluntary Service for final inclusion into their permanent file. Please initial and date this form upon completion of the required action listed above so we may retain documentation in the record for compliance.*

*If there are any questions, please contact Voluntary Service:*

**Brockton 61135**

**West Rox 35135**

**Jamaica Plain 45071**

**Voluntary Service Staff:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<input type="checkbox"/> Mgr	<input type="checkbox"/> Spn	<input type="checkbox"/> Bio	<input type="checkbox"/> Reg	<input type="checkbox"/> Iss	<input type="checkbox"/> Inspect	<input type="checkbox"/> Verify	<input type="checkbox"/> Accep/PI
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## ID CARD REQUEST FORM

**PLEASE PRINT CLEARLY**

Applicant Information			
Legal Name First, Middle, Last	Nickname		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">DOB</td> <td style="padding: 5px;">SSN</td> </tr> </table>	DOB	SSN	Home Phone
DOB	SSN		
Work Address	Home Address		
Name of Sponsoring Department Voluntary Service	Title/Credentials		
Work Phone Number	Work Email Address		
Cost CTR 8405	Mail Routing Symbol		
Signature	Date		

Sex	Race	Height	Weight	Hair	Eye	Place of Birth

STOP HERE !!!

**Card Type** \_\_\_\_\_

**ID#1** \_\_\_\_\_

**Card #** \_\_\_\_\_

\_\_\_\_\_

**NACI** \_\_\_\_\_

**ID#2** \_\_\_\_\_

**SAC** \_\_\_\_\_