



## **SOUTHERN AZ VA HEALTH CARE SYSTEM**

### **How to Become a VA Volunteer**

Welcome to the Southern Arizona VA Health Care System (SAVAHCS). Thank you for your interest in volunteering at SAVAHCS. For most positions the process to become a volunteer includes:

- Completing an application
- Interviewing with our staff
- Attending a two-hour orientation
- Successfully completing a fingerprint background check
- Having a TB test

Volunteer positions such as concierge, caregiver support and those positions needing computer access require an additional background check and training.

#### **Volunteer Positions Currently Available**

Attached is a list of positions we are currently seeking volunteers for. (This information is subject to change based on hospital needs.) Don't see a volunteer position on the list that fits your interests? Discuss with us how you think you can help and we will try to find a volunteer job to match your skills. We will do our best to meet your interests and the needs of our patients and staff.

### **Volunteer Opportunities**

After completing application paperwork and returning it to the Voluntary Service office, we will review your application and contact you to set up an interview for you with one of our staff.

#### **Patient Escort**

Transport patients in wheelchairs or on gurneys to designated areas within the medical center. Also deliver lab specimens, patient charts and records.

### **Office Administration**

Support employees with general clerical work to include answering phones, filing, word processing, data input and reception of Veteran patients and visitors.

### **Recreation**

Accompany patients to activities both on and off campus. Help with event set-up and bring patients from their rooms to participate in activities.

### **Patient Concierge**

Provide premier customer service to ensure patients and visitors have a pleasant hospital experience.

- **Concierge Cart**

Taking carts filled with amenities to in and out patient areas, and providing comfort to patients and their family members

- **Concierge Desk**

Greet and serve Veteran patients, family members and guests, providing needed resources and amenities.

- **Emergency Department Concierge**

Provide comfort and amenities to patients and family members in the hospital Emergency Department waiting room.

### **Volunteer Transportation Network (VTN)**

Drive government vehicles to transport Veterans. \*Must possess valid driver's license and auto insurance and pass VA physical. Automatic disqualifiers – insulin-dependent diabetes; epilepsy; missing limbs (not just a finger/toe though); vision that cannot be corrected to at least 20/40 in one eye **and** 20/20 in the other; a history of substance abuse that has not been in remission and treatment for at least one year.

- **DAV Drivers**

Transport Veteran patients throughout Southern Arizona to appointments at the Tucson VA Hospital. Drivers needed from Yuma, Sierra Vista, Casa Grande and Tucson.

- **Tram Drivers**

Drive a six-passenger golf cart to transport Veterans and visitors throughout hospital grounds.

- **Recreation Drivers**

Drive government vehicles to transport Veterans to scheduled off-site recreation events with VA Recreation staff.

### **Pets for Vets**

Certified dog/ handler teams (typically Delta and/or Humane Society) assist staff in providing animal-assisted rehabilitation activities.

### **Caregiver Support Program Volunteer**

Provide a much needed break for the caregivers of Veterans. Visit and become a companion for homebound Veterans.

### **Appointment Reminder Assistant**

Call Veteran patients to remind them about scheduled appointments and track responses.

### **Volunteer Barbers/ Hairstylists**

Trim hair for Veterans in the Homeless Program Barber Shop or the inpatient Community Living Center. Must be an Arizona State Licensed barber/ hairstylist.

Please visit <http://www.tucson.va.gov/giving/> for further information about our program.

We look forward to hearing from you.

### **Voluntary Service (9-135)**

**3601 S 6<sup>th</sup> Avenue**

**Tucson, AZ 85723**

**(520)629-1822**

**Fax: (520)629-1753**

### **VHA Directive 1620.1 - Volunteer Assistance by Patients, Outpatients, and Former Patients**

Hospital inpatients are not permitted to serve as VAVS volunteers. Individuals who are prescribed or encouraged to volunteer as part of their VA medical care also may not serve as VAVS volunteers.

Former inpatients must wait six months after hospitalization before becoming a VAVS volunteer in order to hasten rehabilitation, to encourage former inpatients to resume normal home and community involvement, and to discourage and avoid possible facility dependence.





# 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.

|                       |                      |
|-----------------------|----------------------|
| <input type="text"/>  | <input type="text"/> |
| 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"/> |

**ALL VOLUNTEERS:** I understand that this VA healthcare facility is a federal building, and, as such, must be open to the public. Employees, patients and volunteers at the Southern Arizona VA Health Care System (SAVAHCS) come from diverse backgrounds. Eligible Veterans are entitled to services offered by the VA healthcare system, even if they have had problematic incidents in their past, unless the law specifically disqualifies them. The goal at SAVAHCS is to provide Veterans quality care and to protect our employees, patients, and volunteers as that care is provided.

If accepted into the volunteer program, 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 VA Voluntary Service staff member.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN:** The above named minor 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 child 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 and submittal of this application does not guarantee acceptance as a volunteer. The Voluntary Service staff will contact you after reviewing the application package.**