



DEPARTMENT OF VETERANS AFFAIRS
VA Central California Health Care System
2615 East Clinton Avenue
Fresno, CA 93703-2286

Dear Youth Volunteer Applicant,

Thank you for your interest in serving Veterans at the VA Central California Health Care System. The process to complete your volunteer registration is outlined below:

1. **Complete Application**
2. **Professional Resume**
3. **On-Boarding Orientation**
4. **Privacy and HIPAA Training**
5. **TB Test**
6. **VAVS Online Orientation**
7. **Final Interview**
8. **Badge Issue**

Thank you again for your interest in serving our nation's heroes. If you have any questions, please contact the Voluntary Service Processing Team at (559) 225-6100 ext. 5006 or email V21FREVolunteerProcessing@va.gov.

- The Processing Team Lead is Shary Vargas
- Office hours: Monday-Friday; 9:00 a.m.—3:00 p.m.



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
[]		[]		[]
Telephone Number	Email Address (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, LIMITATIONS OF SERVICE (Health concerns, medications, allergies, etc.)	AVAILABILITY (Days and times)
[]	[]
	Average Weekly Hours: _____

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 []	2. SUPERVISOR PHONE NUMBER []
3. ORIENTATIONS []	4. UNIFORM []

COMMENTS	NAME AND TITLE OF REVIEWER	DATE
[]	[]	[]

Parental Consent for Emergency Treatment and TB Testing

Student Volunteer:

OSHA (Occupational Safety and Health Administration) requires a tuberculosis test at the beginning of your volunteer experience. The quantiferon test is a onetime blood draw. The TB test is applied free of charge.

If you have had a TB Test in the past 6 months, please bring in your results (two-step PPD required (two separate skin tests 7-10 days apart)).

Volunteer Name: _____

Signature: _____

Date: _____

Parental Consent: The above named student has my consent as parent/guardian to serve as a student volunteer and receive the Quantiferon/Tuberculosis Skin Test at the VA Central California Health Care System. I have read the above agreement as signed by my student and understand his/her obligation to the program if he/she is accepted into the VAVS Student Volunteer Program. I also grant permission for him/her to receive emergency medical treatment if injured while volunteering.

Parent/Guardian Name: _____

Signature: _____

Date: _____

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

Note II: Complete this form only if you're a minor.

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 Acknowledgement

In order to provide the best service to our Veterans, please acknowledge your agreement with the following statements by placing your INITIALS in the appropriate boxes.

1. I agree to participate in the VA Hospital volunteer program for a minimum of 4 hours a week within the first 12 months of service (2 hours for minors) regardless of changes to my employment status.
2. I am at least 16 years of age.
3. I understand that I am not authorized to participate in direct patient care regardless of my experience or certifications.
4. I understand that I will undergo a background investigation upon acceptance. I will provide accurate information regarding my criminal history for the last 7 years, to include: date of offence, explanation of violation, place of occurrence, and name and address of police department or court involved.
5. I agree to attend all mandatory trainings as required for the program/assignment.
6. I understand that job assignments are determined by the needs of the Veterans.
7. I agree to maintain an accurate schedule with my supervisor.
8. I understand that the process may take up to two months.

Print Name

Signature

Date (mm/dd/yyyy)

DEPARTMENT OF VETERANS AFFAIRS

Badge Request

Applicant Name: _____
Last Name, First Name, MI

SSN: _____

DOB: _____

Gender: _____

Race: _____

Eye Color: _____

Hair Color: _____

Height (FT/IN): _____

Weight (Lbs): _____

Place of Birth: _____
(City and State/Country if outside US)

Country of Citizenship: _____

Official Use Only

SAC: _____

ROB: _____

Requested Action: Flash NonPIV

Affiliate: Volunteer Work Study

Department: _____

Position Title: _____

Extension: _____

To be completed by ADPAC

Badge Expiration Date: _____