

Hunter Holmes McGuire

VA Medical Center

Volunteer Application Packet

Instructions:

1. Download and read the entire Volunteer Handbook prior to completing the test.
2. Complete the volunteer orientation test
3. Fill out Volunteer Application Form 10-7055
4. Read and sign the Statement of Commitment and Understanding
5. Read and sign the Confidentiality and Ethic Agreement
6. Read and sign the Department of Veterans Affairs Policy Regarding Privacy
7. Schedule an Interview, (804) 675-5135, bring orientation test and required paperwork to interview
8. Bring a copy of your vehicle registration and a government issued I.D. card on Monday - Friday, 11 a.m. – 12:00 p.m. and 1:00 p.m. - 2:00 p.m. to receive your parking decal. Or may do this the day of your interview.
9. If you've received a T.B. test within the past year, you may submit your test results or be prepared to receive a T.B. test on the day of your interview
10. If you're unable to keep your scheduled interview date or time, please contact the Voluntary Service office at (804) 675-5135

Once you have completed the test and read and signed the application and forms, you will need to schedule an appointment to have your fingerprints taken for a background check. Please see instructions on the tab on the right side of the screen or log onto <https://va-piv.com> or call the office. You may bring the Volunteer Packet to our office when you come in for your fingerprints or email the forms to us at vharicvol@va.gov.

Once the fingerprints come back to us, our office will call and schedule an interview with you for volunteer placement in the medical center.



COMPETENCY ASSESSMENT QUIZ

Please detach and return to the Voluntary Service Office

Please read each statement/question and circle the correct answer.

1. Code Red is the signal for a fire emergency. True or False
2. The proper response to a fire is following the RACE procedure. True or False
3. Hand washing is the best method to prevent and control the spread of infection. True or False
4. It is all right for a volunteer to accept money from a patient. True or False
5. Volunteers are entitled to a 'meal ticket', for only volunteered for two hours True or False
6. Volunteers are required to wear their VA ID badge at all times while they are working at the CGVAMC. True or False
7. It is acceptable to share your personal contact information with a Veteran. True or False
8. When a patient or family member complains, volunteers should ignore it. True or False
9. Making sexual comments to a coworker is appropriate. True or False
10. Discrimination laws in the workplace do not apply to volunteers. True or False
11. HIPAA protects the rights of patients and their health information. True or False
12. No patient can be recorded or photographed without his/her consent. True or False
13. Volunteers should sign in when they report for duty. True or False
14. It is acceptable to falsify the number of hours a volunteer plans to work. True or False
15. A volunteer should treat all visitors, Veterans, staff, and other volunteers the same regardless of age, race, color, creed, financial status, appearance, and disability. True or False

_____ Name (print)

_____ Signature

DATE _____





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)
<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"/>



Background Information: For all questions, provide all additional requested information under item 4 or on attached sheet(s). The circumstances of each event you list will be considered. However, in most cases you can still be considered for a volunteer position.

For questions 1, 2, and 3, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines or \$300 or less; (2) any violation of law committed before your 16th birthday; (3) any violation of law committed before your 18th birthday if finally decided in Juvenile Court or under a Youth Offender Law; (4) any conviction set aside under the Federal Youth Corrections Act or similar state law; and (5) any conviction for which the record was expunged under Federal or state law.

1. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole (include felonies, firearms or explosives violations, misdemeanors, and all other offenses). If "YES" use item 4 to provide date and explanation of the violation, place of occurrence, and name and address of the police department or court involved.

YES

NO

2. Have you been convicted by military court-martial in the past 10 years? If no military service, answer "NO". If "YES," use item 4 to provide date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.

YES

NO

3. Are you now under charges of any violation of the law? If "YES," use item 4 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

YES

NO

4. **Continuation Space:** Provide details requested in items 1 - 3 in the space below or on attached sheets. Be sure to identify attached sheets with the your name and item number.

5. Applicant's Signature _____ Date _____



STATEMENT OF COMMITMENT AND UNDERSTANDING

As an employee/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 that VA employees, volunteers and applicants have provided.

To ensure that I understand my obligations and responsibilities in handling the personal information of Veterans and their families, I have completed both the annual General Privacy Awareness Training (or VHA Privacy Training, as applicable) and the annual VA Information Security Training. I know that I should contact my local privacy officer, Freedom of Information Act officer, information security officer, or regional or general counsel representative when I am unsure whether or how I may gather, create, maintain, use, disclose or dispose of information about Veterans and their families, VA employees, volunteers 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 the 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 have completed the training outlined above and am committed to safeguarding personal information about Veterans and their families, VA employees, volunteers and applicants.

(Print or type name)

Volunteer Signature

Position/Title

Date

Confidentiality/Ethics Agreement:

I am aware that the health, welfare and safety of our patient, volunteers and staff is of primary importance and that I will do all I can to learn, comply with and practice, any and all procedures regarding the operation of a safe and efficient work place. As a volunteer at the Charles George Veterans Affairs Medical Center, I agree that:

1. I shall hold as absolutely confidential, all information that I may obtain directly or indirectly concerning patients, doctors, volunteers or Medical Center staff, and not *actively seek to obtain confidential information from patients.*
2. My services are donated to the hospital without the expectation of compensation or future employment, and are given for humanitarian, religious, patriotic, educational or charitable reasons.
3. I shall not seek to sell goods or services, request contributions, or solicit personnel to sign or distribute political petitions on Medical Center premises unless I receive the express authorization of the Chief, Voluntary Service or the Director of the Medical Center.
4. I will prevent and avoid the appearance of conflicts of interest.
5. I will not use my volunteer position for public office, including official time, information, property or endorsements for personal gain.
6. A volunteer must not accept a gift from a prohibited source or one given because of the volunteer's official position.
7. I will not discuss financial matters with patients.
8. I will comply with all ethics laws and regulations.

Volunteer Name: _____ Date: _____

DEPARTMENT OF VETERANS AFFAIRS POLICY
REGARDING PRIVACY

"I have read the Department of Veterans Affairs policy on privacy and have received a copy of this health care system's policy protecting the rights and keeping patient information confidential. I agree to adhere to the policy of the VA which strictly prohibits any disclosure of information regarding our Veteran patients."

VOLUNTEER'S SIGNATURE

DATE

