



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

March 12, 2015

Public Affairs/Voluntary Service

Dear Volunteer Applicant,

Thank you for your interest in serving Veterans at the VA Central California Health Care System. The mission of Voluntary Service is to enhance the Veteran experience and promote physical, mental and spiritual healing.

The process to complete your volunteer registration is outlined below:

- 1) **Complete Application**: VA Form 10-7055, Volunteer Acknowledgement and VACCHCS Fingerprint and Badge Request. Please attach a professional resume, unless you prefer Customer Service, Veteran Companion or No Veteran Dies Alone programs. Return Application to the Voluntary Service Office Room E107.
- 2) **Initial Interview**: Interview with Voluntary Service Office.
- 3) **Second Interview**: If applicable applicants will be scheduled for an interview with a department supervisor. The needs of the patients are the priority when determining volunteer placement.
- 4) **Privacy and HIPAA Training**: Candidates must complete (1) VA Privacy and Information Security Awareness and Rules of Behavior and (2) Privacy and HIPAA Focused Training via the online VA Learning University - Talent Management System (TMS).
- 5) **Background Check and TB Test**: Candidates will be scheduled for a background check and tuberculosis test after acceptance. Two forms of valid identification are required (e.g., passport or government issued identification). Foreign nationals need to provide original documents showing citizenship status at the time of fingerprints.
- 6) **Orientation**: Voluntary Service Office will conduct initial mandatory training for new volunteers to include: Safety, Customer Service, Standards of Discipline, etc. This training is approximately three hours in duration.
- 7) **Badge Issue**: Two badges will be issued upon completion.

Please note:

- a) Volunteers may not participate in the rehabilitation or treatment of patients, regardless of their certification and/or licenses.
- b) **Minimum hourly requirements**:
 - i) **Adult** – A commitment to perform a minimum of 200 hours during the first 12 months of service.
 - ii) **Minor** – A commitment to perform a minimum of 75 hours during the first 12 months of service. Must be at least 16 years of age to apply.

Thank you again for your interest in serving our nation's heroes. If you have any questions, please contact the Voluntary Service Office at (559) 225-6100 ext. 5949 or email V21FREvolunteerprocessing@va.gov. The Voluntary Service Program Manager is Mary Golden

Office hours: Monday-Friday 9:00A.M. – 2:00P.M. Closed on Wednesdays

Sincerely,



Cenethea Lofbom

VACCHCS Chief, Public

Affairs Service & Volunteer Services

Volunteer Application Instructions: VA Form 10-7055

1. Use a black or blue ballpoint pen to fill out your application.
2. Complete the following sections:
 - Name- Legal name (no nicknames)
 - Current address – include zip code
 - Telephone Number- include area code
 - Email Address – please provide
 - Date you completed the application
 - Date of Birth
 - Sex- male/female.
3. Assignment Preferences:
 - Use the “Assignment Preferences” sheet
 - Only use the **Bold** and Underlined Positions for the actual preference, not the sub-categories.
4. Experience and Training:
 - Complete only if you’re not submitting a resume.
5. Restrictions, Limitations of Service:
 - Provide information that would affect job assignments
 - Examples- cannot lift over 30lbs, can’t stand for long periods of time, epilepsy, limited mobility, etc.
6. Availability:
 - Preferred availability- Monday through Sunday.
 - Total HOURS per week you can work.

Example:

- 25hrs per week
- Monday – Friday from 7a.m. to 4p.m
- Monday – Friday from 8a.m. to 5p.m
- Saturday only from 10a.m. to 2p.m
- Sunday only from 12p.m to 8p.m.

*Note- The following departments are open 24 hours: Vet Companion, No Veteran Dies Alone.

7. In Case of Emergency place contact information: Name, Relationship, Phone Number.
8. Sign the Monetary Waiver and include Date when application was completed.

Revised: February 10, 2015

Assignment Preferences

Fast-paced Admin

Intermediate skill level in Microsoft Office programs to include (Word, Excel, Outlook, Access, SharePoint, and PowerPoint). Possesses ability to type. Highly organized, task-oriented, team player.

Schedule events, conduct training sessions, maintain personnel records, provide customer service, process and file paperwork. Minimum of 20 hours per week and 6 month commitment.

- Volunteer Office
- Work-Study Office

General Admin

Basic skill level in Microsoft Office programs and Internet research tools. Answer phones, provide customer service, maintain records.

Minimum of 20 hours per week and 6 month commitment.

- Pharmacy
- Human Resources
- Business Administration
- MyHealthVet
- Mailroom

Customer Service

Proactive in customer service. Escorts patients to and from vehicles and between appointments. Provide information and directions to patients and visitors.

- Forward Greeter
- Guest Services

Assignment Preferences

- Information Desk

Vet Companion

Provide bedside companionship to inpatients. Exercise hands-off, redirection techniques to prevent patient falls.

No Veteran Dies Alone (NVDA)

Provide companionship and comfort to actively dying patients, when family and friends are not available. Volunteers are "on call" and require additional training. Requires one additional job assignment.

Labor

Accomplishes physical tasks that may require heavy lifting at times. Restocking, inventory, light maintenance, running errands.

- Laundry
- Housekeeping
- Interior Design
- Emergency Room
- Warehouse

Driver

Must have a valid driver's license, undergo a physical, provide proof of insurance, and DMV abstract.

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 200 hours within the first 12 months of service (75 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 understand that job assignments are determined by the needs of the Veterans.
6. I agree to maintain an accurate schedule with my supervisor.
7. I understand that the process may be in excess of two months.

Print Name

Signature

Date (mm/dd/yyyy)



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)	ASSIGNMENT PREFERENCES		Date of Birth
[]	[]			[]
ORGANIZATION MEMBERSHIP(S) Unit, Post, Chapter, if affiliated		SEX <input type="checkbox"/> M <input type="checkbox"/> F		
[]		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
[]	[]	[]

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.

Instructions to complete request - Please provide all information requested and print clearly, many areas are self-explanatory and the following serves as an aid to assist in completing those items which are not self-explanatory. Failure to complete this request completely and accurately may result in a delay of the request or denial of the request.

Applicant Data:

Please provide your legal name (no nicknames)

Please list any aliases used; for females please provide all names after maiden name, if applicable.

Full SSN is required.

If born outside the US we need the name of the country and if applicable citizenship documentation

Please provide current phone number, or contact number so you can be reached, if necessary.

Provide physical address or residence, no PO Boxes or point of contact addresses

Please provide an email that you check regularly so we send and request information regarding processing

Please provide any previous periods of VA or Federal service within the last 2 years

Voluntary Service Use Only:

Please select what action you need completed (select all that apply)

For category type please select one category, if unsure please ask for assistance.

Service and Position must be on form.

Affiliates must provide start and end dates

If this badge request is for a replacement, the requesting official (someone designated in your Service) must provide name and sign form. For prospective employees, Personnel Security will serve as your requesting official.

If there any other areas you are unsure of please do not hesitate to ask.

VACCHCS Fingerprint and Badge Request (To complete this form, please see instructions on back)

Applicant Data

Date _____

Name: _____ (Last Name) _____ (First Name) _____ (Middle Name)

Alias/Maiden: _____ SSN: _____ - _____ - _____ DOB (MM/DD/YYYY): _____

Gender: _____ Race: _____ Eye Color: _____ Hair Color: _____

Height (FT/IN): _____ Weight (Lbs.): _____ Place of Birth (City and State/Country if outside US): _____

Country of Citizenship: _____ Phone Number or Office Ext : (____) _____ - _____

Resident Address (No PO Boxes): _____ (Current Street Address/City State/Zip Code)

Email: _____ @ _____ Previous VA Affiliation / Date _____

Signature of Applicant: _____

My signature above denotes I understand that, if issued a badge, it is federal property and it must be returned when my status with VACCHCS Fresno terminates. You must provide unexpired government issued identification, and if a non US born citizen, you must provide original documentation that proves lawful residence in the US.

Office Use Only

Current TMS Account Holder: YES NO

Current Network Account : YES NO Pending Remarks _____

Requested Action: SAC Fingerprints PIV FAC ID

Category Type (select one)

Affiliate: Volunteer Work Study

Please provide dates of your program: Start: _____ End: _____ Other _____

Service: _____ Extension: _____ Position Title: _____

Service Official Name and Signature: _____ Date Fingerprinted: _____

HR Personnel Security Use Only

NON PIV Transactions: SAC: INITIAL PRINT / REPRINT / FAC ID: REISSUE / FAC ACCESS: INITIAL / REISSUE

SAC DATE _____

PIV Transactions: INITIAL ISSUE / REISSUE PIV TYPE: FULL PIV NON-PIV Flash

Start Year _____ Source of Investigation Verification: PIPS / EOPF / RECIP

Type of Invest: SAC NAC-I MBI BI OTHER: _____

Investigation Scheduled/Closed/Adjudicate Date: _____ / _____ / _____

ID Source: #1 TYPE _____ DOCUMENT #: _____ EXP DATE: _____

#2 TYPE _____ DOCUMENT #: _____ EXP DATE: _____