

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 medical centers.

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 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. Disclosure of the Social Security number is voluntary. The number will be used in the identification of records.

NAME (Last, First, Middle Initial)	DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE:
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TELEPHONE NUMBER Home: Work: Pager: Cell:	ADDRESS (STREET)	CITY	STATE	ZIP
		E-MAIL ADDRESSES		

IN CASE OF EMERGENCY PLEASE CONTACT (Name, Relationship, Phone Number) _____

Volunteer Experience

Dates	Agency	Position	Contact Person/Supervisor (Phone # or address)

How did you hear about VA Voluntary Service? _____

Are you a member of a Service Organization? _____

Organization Name

I certify that the statements made in this volunteer application are true and correct. I authorize PVAMC and its operating divisions and any agent acting on its behalf to investigate all statements contained in this application. I understand that this information may be disclosed to any party with legal and proper interest and I release from any liability whatsoever for supplying such information.

Applicant's Signature _____ Date: _____

Monetary Waiver: I hereby waive all claim to monetary benefits for service 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.

Volunteer Signature _____ Date _____

HOW TO BECOME A VOLUNTEER

PORTLAND VA MEDICAL CENTER
PORTLAND AND VANCOUVER DIVISIONS



1. COMPLETE APPLICATION AND MEET WITH VOLUNTARY SERVICE SPECIALIST TO DISCUSS VOLUNTEER OPPORTUNITIES
2. CLEAR FINGERPRINT BACKGROUND CHECK
3. ATTEND VOLUNTARY SERVICE ORIENTATION
4. COMPLETE PPD (TB TEST)
5. MEET WITH WORKSITE SUPERVISOR
6. GET ID BADGE / PARKING DECAL
7. BEGIN VOLUNTEERING