

**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
	SOCIAL SECURITY NUMBER		E-MAIL ADDRESSES	

DRIVERS LICENSE NUMBER	STATE	
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IN CASE OF EMERGENCY PLEASE CONTACT (Name, Relationship, Phone Number)

Education Background

Employment History

**Volunteer Experience**

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

RESTRICTIONS OR LIMITATIONS OF SERVICE (Health concerns, lifting, standing, mobility, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL OR PROFESSIONAL REFERENCES** (References must be over 21 years old and not members of your family.)

1. Name of Reference	Relationship
Address Apt #	City State Zip
Home Phone Number	Work Telephone
2. Name of Reference	Relationship
Address Apt #	City State Zip
Home Phone Number	Work Telephone

**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: \_\_\_\_\_

Parent/Guardian (if under 18 years old): \_\_\_\_\_ 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

**YOUTH VOLUNTEER PARENTAL APPROVAL**

\_\_\_\_\_ Has my approval to work as a volunteer within the Department of Veterans Affairs and

\_\_\_\_\_ has my permission to receive diagnoses or emergency medical treatment if injured while  
volunteering.

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date

**BACKGROUND CHECK**

We consider the safety and security of patients to be of the utmost importance. Applicants must complete a Background History form to be screened at our cost for criminal background histories by state and/or federal agencies. Persons who have been convicted of any felony offenses or misdemeanor offenses involving drugs, child abuse, assault or any violent behavior are NOT eligible to volunteer at the Portland VA Medial Center. There are no exceptions. Volunteer drivers will also have a driving record background check.

Please initial your acceptance of this request \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor offense?

NO     YES (If yes, explain) \_\_\_\_\_

\_\_\_\_\_

1. Have you ever been convicted by a military court-martial?

NO     YES (If yes, explain) \_\_\_\_\_

\_\_\_\_\_

2. Are you now under charges for any violation of the law or under a restraining order of any type?

NO     YES (If yes, explain) \_\_\_\_\_

\_\_\_\_\_

4. In the past 10 years, have you ever been discharged from a place of employment.

NO     YES (If yes, explain) \_\_\_\_\_

\_\_\_\_\_

5. Have you ever been terminated from volunteering?

NO     YES (If yes, explain) \_\_\_\_\_

\_\_\_\_\_