

DEPARTMENT OF VETERANS AFFAIRS VOLUNTARY SERVICE

1. REASON FOR ISSUE. This is a complete revision of Veterans Health Administration (VHA) Directive 1620, Department of Veterans Affairs Voluntary Service Policy; which issues policies applicable to the management of the Department of Veterans Affairs Voluntary Service (VAVS) Program.

2. SUMMARY OF MAJOR CHANGES:

a. Security procedures related to volunteers working in specific assignment areas have been added.

b. References to Veterans Health Information Systems and Technology Architecture (VistA) have been changed to Voluntary Service System (VSS) for volunteer timekeeping and donations tracking.

c. Volunteer eligibility for VA employee awards has been added.

d. Recognition for short-term or episodic volunteers and State Veterans Home (SVH) volunteers has been added.

e. References to Voluntary Service Officer have been changed to Voluntary Service Program Manager.

3. RELATED HANDBOOK. VHA Handbook 1620.1, Department of Veterans Affairs Voluntary Service Procedures, contains the procedures for the management of the VAVS Program.

4. RESPONSIBLE OFFICE. The Director, Voluntary Service Office (10C2), is responsible for the contents of this VHA Directive. Questions may be referred to the Voluntary Service Office at 202-273-8952.

5. RESCISSIONS. VHA Directive 1620 dated April 15, 1999.

6. RECERTIFICATION. This VHA Directive is scheduled for recertification on or before the last working day of September 2010.

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Under Secretary for Health

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1. PURPOSE: This is a complete revision of Veterans Health Administration (VHA) Directive 1620, Department of Veterans Affairs Voluntary Service Policy; it issues policies applicable to the management of the Department of Veterans Affairs Voluntary Service (VAVS) Program.

NOTE: This policy applies to all VHA organizational elements in VA, including VHA field facilities.

2. BACKGROUND: The Secretary of Veterans Affairs is authorized by Title 38 United States Code (U.S.C.) 513 to accept uncompensated services of persons as deemed appropriate.

3. POLICY: It is VHA policy that VHA Central Office and all VHA field facilities must establish and maintain a VAVS Program in accordance with the following:

a. **Acceptance of Volunteers.** The services of VAVS volunteers are accepted in accordance with the authority under 38 U.S.C. 513. These services will be for the purpose of supplementing, not replacing, VA compensated staff. These individuals are appointed as without compensation (WOC) employees as required by VA Handbook 5005, Part II, Chapter 2. A WOC volunteer may not receive any form of compensation by VA not authorized by policy.

b. **Students.** Students not covered by a formal affiliation agreement can serve in the VAVS Program. Student volunteers under the age of 18, or those that satisfy the State's definition of underage, must have written parental or guardian approval to participate in the VAVS Program and authorization for diagnostic and emergency treatment if injured while volunteering. The minimum age for volunteers is determined by the facility management.

c. **Non-citizens.** Persons who are not United States citizens are eligible to participate in the VAVS Program; however, non-citizens must provide a copy of their visa.

d. **Volunteer Assistance by Physicians, Dentists, Nurses and Other Professionally Licensed Persons.** Volunteer assistance by physicians, dentists, nurses, and other professionally licensed persons to assume full responsibility for professional services in their respective fields may be accepted under certain circumstances. All such volunteer assignments must first be approved in advance by the facility Chief of Staff, or designee, who must ensure that any resulting volunteer appointment is first processed through all applicable credentialing and privileging procedures as described in VHA Handbook 1110.19. Any volunteer serving in this capacity must have appropriate training, work under the supervision of a VA-compensated clinical staff member, and meet the other criteria for acceptance as a volunteer in the VAVS Program. Limited health care procedures, not requiring certification, can be approved as volunteer assignments by the clinical service involved. The assignment must be in the area of supplementary assistance and may be performed by either a lay or professionally-licensed person working as a volunteer.

e. **Volunteer Assistance by VA Employees.** VA-compensated employees may serve as VAVS volunteers if their volunteer assignments are unrelated to their employment

responsibilities and are outside their normal working hours. They may not be certified to serve as Representatives or Deputy Representatives on the VAVS National Advisory Committee or local VAVS Committees.

f. **Volunteer Assistance by Salaried Employees of Organizations.** Compensated employees of non-VA organizations may serve as volunteers if their volunteer assignments are unrelated to their employment responsibilities, their service is supplemental, and a need exists as determined by the VA facility.

g. **Veterans Benefits Counseling by Volunteers.** Veterans benefits counseling is not a VAVS assignment. VAVS volunteers must not discuss veterans' benefits eligibility information with patients.

h. **Volunteer Assistance by Patients and Outpatients.** Inpatients are not permitted to serve as VAVS volunteers. Likewise, individuals who are prescribed, or encouraged, to volunteer as part of their VA medical care are not to serve as VAVS volunteers.

i. **Liability.** Volunteers serving on a WOC basis are within the purview of the Federal Tort Claims Act (FTCA) when working within the scope of their assignment. They are also subject to the provisions of the Privacy Act, 5 U. S. C. 552a, and 38 U.S.C. Sections 5701 and 7332.

j. **Termination.** The Voluntary Service Program Manager may remove a VAVS volunteer for unsatisfactory performance or violation of established policies and procedures. The following provisions apply:

(1) The utilizing service must provide detailed documentation demonstrating that the volunteer, after appropriate orientation and training, has been counseled and sufficient cause for removal exists.

(2) Written notification of termination is sent to the volunteer and, if affiliated, the VAVS representative.

k. **Security.** To ensure security and safety of patients and patient information, a Special Agreement Check (fingerprint only) must be performed on volunteers assigned duties in the following categories:

- (1) Assignments associated with home health care.
- (2) Assignments involving the provision of patient care or working alone with a patient.
- (3) Assignments involving contact with pharmaceuticals or other biological agents.
- (4) Assignments that provide access to patient records.
- (5) Assignments that provide access to any VA computer system.

(6) Access to any sensitive information not identified in subparagraph 3i (e.g., Privacy Act protected information).

(7) Assignments involving clinical research.

NOTE: Volunteers with assignments above the low-risk or non-sensitive levels must receive the appropriate level of investigation required by 5 CFR Parts 731 and 732, and VA Handbook 0710.

l. **National Salute to Hospitalized Veterans.** The National Salute to Hospitalized Veterans has been implemented to promote volunteerism within its medical centers; guidance, responsibilities, and reporting requirements are contained in VHA Handbook 1620.1.

m. **VAVS National Advisory Committee (NAC)**

(1) The VAVS NAC advises the Secretary of Veterans Affairs, through the Under Secretary for Health and other members of the VHA Central Office staff, on how to coordinate and promote volunteer activities within VA health care facilities and on matters relating to volunteerism. The NAC members are responsible for:

- (a) Promoting the VAVS Program,
- (b) Communicating VA policies to their constituencies, and
- (c) Making recommendations to improve volunteer services to veterans.

(2) The Chief Communications Officer, VHA Central Office, serves as the NAC Chairperson. The Director, Voluntary Service Office, serves as Deputy Chairperson.

n. **VAVS NAC Executive Committee.** The VAVS NAC Executive Committee is a subcommittee of the VAVS NAC. The Chairperson and members are appointed by the NAC Chairperson from the NAC membership. The Executive Committee's responsibilities are provided in the VAVS NAC standard operating procedures.

o. **Facility VAVS Committee.** Each VA medical center and independent outpatient clinic must establish a VAVS Committee to assist the coordination of plans and policies for community participation in the VAVS Program. Voluntary Service Office (10C2) approval must be obtained for new VAVS Committees and to establish a VAVS Committee at an outpatient clinic affiliated with a medical center. The request must demonstrate that the necessary leadership and support will be provided to justify the establishment of a VAVS committee.

p. **Facility VAVS Staff Advisory Committee.** A VAVS Staff Advisory Committee must be established in facilities that have a VAVS Committee. The VAVS Staff Advisory Committee actively assists the Chairperson and Deputy Chairperson of the facility VAVS Committee to improve the quality of the VAVS Program. Only compensated VA staff may be members of this Committee.

q. **Donations.** The Under Secretary for Health has been delegated the authority to accept gifts for the benefit of patients of medical facilities, or for the benefit of one or more medical centers, domiciliaries, nursing homes or clinics.

(1) In VHA, the Under Secretary for Health, or designee, is the delegated authority to accept gifts and donations for the benefit of patients and members of VA medical facilities, or for the benefit of one or more medical centers, domiciliaries, nursing homes, or clinics, subject to limitations in VHA Directive 4721. **NOTE:** *Policies and procedures governing the General Post Fund and the acceptance of gifts and donations are included in VHA Directive 4721.*

(2) Facility Directors are authorized to accept gifts and donations for the benefit of patients or for the benefit of their medical center, domiciliary, nursing home, or clinic (see VHA Directive 4721).

(3) The Voluntary Service Program Manager is authorized to accept all gifts and donations, on behalf of the facility Director, exclusive of research, for the benefit of patients, the medical center, domiciliary, nursing home, clinics, education, religious, and Chaplain Service purposes (see VHA Directive 4721).

(4) The Chief, Chaplain Service, is authorized to accept gifts and donations for the benefit of the religious needs of the patients at that facility and to support all Chaplain Service activities at that facility (see VHA Directive 4721).

r. **Records.** A system of records must be maintained in Voluntary Service to include master records of Regularly Scheduled (RS) Volunteers, documents of participation of Occasional Volunteers, signed "Waiver of Claims to Remuneration Agreement," parental or guardian consent forms for student volunteers, etc. Voluntary Service administrative and general correspondence files must be maintained in accordance with Records Control Schedule (RCS) 10-1.

(1) Voluntary Service must record hours and visits of all volunteers each month utilizing the Voluntary Service System (VSS).

(2) Each facility Voluntary Service Program must submit an Annual Report, Report Control Number (RCN) 10-0006, to the Director, Voluntary Service Office, indicating trends, progress, and impact of the Volunteer Program at that facility.

(3) A copy of the NAC Annual Meeting Report is distributed to all members of the NAC, all Voluntary Service Program Managers, and others as required by Public Law 92-463, The Federal Advisory Committee Act.

(4) Recommendations adopted by the VAVS NAC are published with VA comment via a numbered information letter over the signature of the Under Secretary for Health and distributed to all members of the NAC and Voluntary Service Program Managers.

(5) VA Form 10-1240, VAVS Summary of Annual Joint Review (AJR), is used to assess organizations' participation in the VAVS Program during the preceding year and develop plans and goals for the next year. The AJR provides an opportunity for the organization's representatives and Voluntary Service Program Manager, to develop plans that ensure active participation by the organization in programs for the welfare of veteran patients.

(6) A summary report of the National Salute activities at each facility is prepared by the Voluntary Service Program Manager. *NOTE: Reporting requirements are contained in VHA Handbook 1620.1.*

(7) Voluntary Service maintains a record of all donations received utilizing the VSS Donations Tracking Package. This record includes the name of donor, organizational affiliation (when appropriate), items donated, value of items donated (as specified by the donor), and disposition of donated items.

(8) The Voluntary Service Program Manager, or designee, must submit a summary report to Fiscal Service on a monthly basis as required by VHA Directive 4721. This report includes the value of donated items received by category, i.e., supplies or equipment.

s. **Transportation**

(1) VAVS volunteers may be assigned to transport veterans to or from a VA facility or other approved health care provider. The volunteers may do so only when directed by the Hospital Service Coordinator or Volunteer Transportation Coordinator operating under the guidance of the VAVS Office and in an established local Volunteer Transportation Network (VTN). *NOTE: Policies and procedures governing the VTN include VHA Handbook 1620.2, and VA Manual MP-3, Part III, Section 32.30.*

(2) Donations of vehicles for use in the Transportation Program may be accepted when justification of needs exists. VA facilities are authorized to return vehicles to donors, if practical, when Government Services Administration (GSA) safety standards are no longer met, or the condition of the vehicle is determined to be unacceptable. At the time of the donation, donors need to specify in writing that the vehicle is to be returned in these circumstances.

t. **Services and Benefits**

(1) **Meals.** Volunteers may be provided meals without charge provided their scheduled assignment is at least 4 hours, or the value of the service provided is commensurate with the value of the meal.

(2) **Parking.** Facilities will make every effort to provide parking for RS volunteers without charge.

(3) **Medical Treatment.** As WOC employees, volunteers must be provided health services and medical benefits in accordance with established policy for employees as outlined in VA Directive 5019.

(4) **Recognition.** VAVS provides appropriate recognition for contributions of the VAVS volunteers and their organizations to the VAVS Program. Recognition is the responsibility of all staff and typically consists of tangible awards, such as certificates, pins, plaques, etc. Equally important is the intangible recognition given daily, such as verbal acknowledgment and the sense of belonging to the health care team. *NOTE: Volunteers have a significant impact on VA and need to be recognized for their contributions. WOC Employees may participate in the VA Employee Recognition and Awards Program. Facilities are encouraged to develop systematic methods of formal recognition which includes participation of top management.*

(a) Appropriate organized recognition activities need to be considered for short-term and episodic volunteers beyond the annual awards ceremonies customary at many facilities.

(b) VAVS recognition for State Veterans Home (SVH) volunteers has been established to offer the opportunity for volunteers who provide service to veterans in a SVH to receive recognition from VAVS. Recognition consists of certificates, or other appropriate form, for those volunteering only in a SVH, and VAVS awards for those giving time to both SVH and VA facilities (see VHA Handbook 1620.3.)

4. RESPONSIBILITIES

a. **VHA Central Office Staff.** The Director, Voluntary Service Office, is responsible for overall administration and operation of the VAVS Program.

b. **VAVS Member Organizations.** VAVS member organizations with representation on the NAC or facility VAVS Committee are responsible for:

(1) Identifying ways to improve the VAVS Program.

(2) Assisting in obtaining financial, material, and human resources in accordance with specific needs identified by VHA Central Office and VA facilities.

(3) Communicating policies and procedures established by the organization to VA.

(4) Appointing members to the NAC and facility VAVS Committees (appointment procedures and responsibilities of representatives are defined in VHA Handbook 1620.1).

(5) Reviewing, thoroughly, the duties with potential committee members prior to certification to ensure appointees are willing and able to perform them.

(6) Training their committee members with emphasis on duties, liaison role, and the quantity and quality of volunteer services to be given by the organization.

(7) Replacing any appointee to a committee for unsatisfactory performance as defined in VHA Handbook 1620.1.

c. **Facility Director.** The facility Director is responsible for

(1) Designating the Associate Director, or other senior management official, to serve as the Chairperson of the facility VAVS Committee.

(2) Ensuring that the Voluntary Service Program Manager has the necessary knowledge and skills to manage the program.

d. **Voluntary Service Program Manager.** The Voluntary Service Program Manager is responsible for the administration and operation of a facility VAVS Program, including, but not limited to:

(1) Serving as Deputy Chairperson of the VAVS Committee and Chairperson of the VAVS Staff Advisory Committee.

(2) Providing general orientation to volunteers about the role of the VAVS Program, including policies and procedures; e.g., Privacy Act, infection control, fire and safety, etc.

(3) Directing recruitment, placement, orientation, training, evaluation and recognition of volunteers.

(4) Managing the VSS Timekeeping Package for volunteer records.

(5) Creating a personnel file for all RS volunteers to include: volunteer application; volunteer assignment and name of supervisor; education and training records; evaluations; position description and other pertinent information relating to the volunteer's assignment.

(6) Informing VAVS Committee members of their responsibilities.

(7) Educating VA staff in the management of volunteers to include the role of the VAVS Program, responsibilities of utilizing services, and the duties of the supervisor.

(8) Managing a Quality Improvement Program which meets the standards established by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and other mandatory reviews.

(9) Terminating volunteers from service, when necessary, in cooperation with the utilizing service and the Representative of the affiliated organization, as appropriate.

(10) Providing National Certifying Officials with a copy of the facility Director's acknowledgement of a Representative's and/or Deputy Representative's certification.

e. **Service Chiefs.** Service chiefs, or designees, are responsible for:

(1) Determining the need for volunteer support and assistance and coordinating all volunteer activities through Voluntary Service.

- (2) Developing volunteer position descriptions in conjunction with the Voluntary Service Program Manager.
- (3) Interviewing and approving potential volunteers prior to acceptance for an assignment.
- (4) Providing supervision, orientation, training and recognition of volunteers.
- (5) Providing the training required by JCAHO as defined in VHA Handbook 1620.1.
- (6) Conducting periodic reviews to determine the effectiveness of volunteer resources.
- (7) Performing administrative duties, including the completion of accident reports on injured volunteers.
- (8) Assisting Voluntary Service in informing the community about the importance of volunteer service in VA facilities.
- (9) Serving on the VAVS Staff Advisory Committee when requested and attending meetings.
- (10) Representing the service at meetings of the VAVS Committee to demonstrate support for the VAVS Program, expressing the needs of the service, and sharing pertinent information.
- (11) Conducting volunteer performance evaluations to meet JCAHO standards and competencies.
- (12) Counseling volunteers when service is marginal or unsatisfactory and, if necessary, initiating action for removal (see subpar. 3j).
- (13) Ensuring adequate space and materials are available for volunteer participation.

5. REFERENCES

- a. Title 5 U.S.C. 81, Compensation for Work Injuries.
- b. Title 5 U.S.C. 552a, Records Maintained on Individuals.
- c. Title 28 U.S.C., Sections 1346(b) and 2671-2680, Federal Tort Claims Act.
- d. Title 38 U.S.C. 513, Contracts and Personal Services.
- e. Title 38 U.S.C. 5701, Confidential Nature of Claims.
- f. Title 38 U.S.C. 7332, Confidentiality of Certain Medical Records.

- g. Title 38 U.S.C. 8301, Authority to Accept Gifts, Devises and Bequests.
- h. Title 5 CFR Part 732, "National Security Positions."
- i. Pub. L. 92-463, Federal Advisory Committee Act.
- j. Pub. L. 102-86, Section 504, Expansion of Authority to Accept Gifts, Bequests, and Devises.
- k. FPMR, Subchapter H, Property Utilization and Disposal.
- l. MP-1, Part II, Chapter 3, Subparagraph 1e(1) and (2), Meals for Volunteers.
- m. MP-1, Part II, Chapter 26, Reports Management.
- n. MP-3, Part III, Section 32.30, Motor Vehicle Safety Program.
- o. MP-5, Part I, Chapter 792, Health Services.
- p. M-1, Part I, Chapter 2, Quarters and Subsistence.
- q. M-1, Part 1, Chapter 25, Beneficiary Travel.
- r. M-2, Part II, Chapter 5, Chaplain Service Administrative Policies.
- s. VA Handbook 4010, Agent Cashier Procedures.
- t. VA Handbook 5005, Part II, Chapter 2, Section A, paragraph 4c.
- u. VA Directive 5810, Managing Workers' Compensation Cases and Costs.
- v. VHA Directive 4721, General Post Fund.
- w. VHA Handbook 1620.2, Volunteer Transportation Network.
- x. VHA Handbook 1620.3, VAVS Recognition for State Veterans Home Volunteers.
- y. RCS 10-1, VHA Records Control Schedule.
- z. Voluntary Service System (VSS) Training Guide.
- aaa. Opinion of General Counsel 4-65 (October 13, 1965), Transportation of Volunteers.
- bbb. Opinion of General Counsel 6-99 (April 5, 1999), Applicability of the Employee Recognition and Awards Program to Residents and to Fee Basis, Without Compensation, Fee Basis and Purchase and Hire Employees.

ccc. OF Bulletin 00GA2.05- Award Payments for Residents, Without Compensation, Fee Basis and Purchase and Hire Employees.