

VA CENTER FOR DEVELOPMENT & CIVIC ENGAGEMENT PROGRAM

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive maintains policies and standards for management and operation of Department of Veterans Affairs (VA) Center for Development & Civic Engagement (CDCE) programs within all VHA organizational elements in VA, including VA medical facilities.

2. SUMMARY OF MAJOR CHANGES: This VHA directive updates and consolidates the management and operation of CDCE programs into a single controlled national policy that provides CDCE standards and procedures for consistent national implementation. Major changes include:

a. Updates the directive title, program office name and titles throughout the directive to reflect the change from VA Voluntary Service (VAVS) to CDCE. **NOTE:** VAVS remains in some instances (e.g., VAVS Committee).

b. Replaces the previous Voluntary Service System with CDCE Portal throughout the directive.

c. Adds and assigns responsibilities to the Under Secretary for Health, Assistant Under Secretary for Health for Operations, Veterans Integrated Services Networks (VISN) Directors, CDCE VISN Liaisons, VA medical facility Chiefs of Staff, VA medical facility Volunteer Supervisors and VA medical facility employee occupational health providers to account for CDCE program and VHA organizational changes (see paragraph 5).

d. Consolidates and incorporates information related to State Veterans Homes and appendices from VHA Handbook 1620.03, Department of Veterans Affairs Voluntary Service Recognition for State Veterans Homes Volunteers, dated November 29, 2012 (see paragraph 6.i.).

e. Removes responsibilities assigned to member organizations and representatives on the VAVS National Advisory Committee and VA medical facility VAVS Committees, as this directive is limited to VHA responsibilities.

f. Removes award procedures (e.g., award eligibility, VA medical facility awards, presentation of awards) from VHA Handbook 1620.01, Department of Veterans Affairs Voluntary Service Procedures, dated February 12, 2010, to allow VA medical facilities to customize volunteer awards and recognition processes.

g. Adds authority for student shadows or observers to be appointed as VA volunteers (see paragraph 6.e.).

h. Volunteer Transportation Network Changes.

(1) Incorporates the guidance in VHA Handbook 1620.02, Volunteer Transportation Network (VTN), dated September 9, 2014, and removes the requirement that each VA medical facility or VISN develop a policy memorandum governing the acceptance and use of volunteer drivers and that each VA medical facility create a local policy regarding VTN.

(2) Prohibits the use of personally owned vehicles by volunteers in providing transportation to Veterans and restricts volunteers from operating vehicles requiring a Commercial Driver's License (see paragraph 10).

i. Updates and relocates information regarding reporting; appointment and termination of volunteers; volunteer training; Federal laws, organizations and policies relevant to volunteers; and VTN driver requirements to Appendices A-E.

3. RELATED ISSUES: VHA Directive 1695, Veterans Transportation Services, dated September 18, 2019; and VHA Directive 4721, VHA General Post Funds – Gifts and Donations, dated August 13, 2018.

4. RESPONSIBLE OFFICE: The VA Center for Development & Civic Engagement (15CDCE) is responsible for the content of this directive. Questions may be addressed to VHA15CDCEStaff@va.gov.

5. RESCISSIONS: VHA Directive 1620, Department of Veterans Affairs Voluntary Service, dated September 28, 2005; VHA Handbook 1620.01, Department of Veterans Affairs Voluntary Service Procedures, dated February 12, 2010; VHA Handbook 1620.02, Volunteer Transportation Network (VTN), dated September 9, 2014; VHA Handbook 1620.03, Department of Veterans Affairs Voluntary Service Recognition for State Veterans Homes Volunteers, dated November 29, 2012; and Manual M-6, Department of Medicine and Surgery Program Evaluation, Part II, Chapter 17, dated October 24, 1966, are rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of June 30, 2027. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF
THE UNDER SECRETARY FOR HEALTH:**

/s/ RimaAnn O. Nelson
Assistant Under Secretary for Health
for Operations

June 16, 2022

VHA DIRECTIVE 1620

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

DISTRIBUTION: Emailed to the VHA Publication Distribution List on June 29, 2022.

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VA CENTER FOR DEVELOPMENT & CIVIC ENGAGEMENT PROGRAM

1. PURPOSE

This Veterans Health Administration (VHA) directive provides updated standards to establish, implement, operate and maintain a structured volunteer program; execute strategic partnerships; and ensure appropriate acceptance and utilization of donations under the management of the Department of Veterans Affairs (VA) Center for Development & Civic Engagement (CDCE). **AUTHORITY:** 38 U.S.C. §§ 111A, 513, 7301(b), 8301.

2. BACKGROUND

a. The CDCE mission is to strategically integrate VA volunteers, donations and community partners into VA operations so that they may supplement and sustain the care and services provided to Veterans, their families and caregivers.

b. CDCE manages the largest volunteer program in the Federal Government, providing professional volunteer administration practices for the utilization of volunteers VA-wide.

c. VA volunteers assist Veterans by augmenting staff and supplementing patient care and services in VA medical facilities, outpatient clinics, Vet Centers, National Cemeteries, Veterans Benefits Administration (VBA) Regional Offices, VHA Central Office, the community, as well as State Veterans Homes (SVH). VA volunteers and partnering organizations annually contribute millions of dollars in gifts, donations and time. The programs and services provided are uniquely tailored to the needs of Veterans, caregivers and families.

d. Authorization to Serve as VA Volunteers.

(1) The Secretary of Veterans Affairs is authorized by 38 U.S.C. §§ 513, 7405 and VA Handbook 5005/21, Staffing, Part II, Chapter 2, Section A, paragraph 4.c., dated November 20, 2007, to accept uncompensated services of persons as deemed appropriate. VA volunteers are appointed and covered under 38 U.S.C. § 513. The services provided by VA volunteers are for supplementing (not replacing) VA compensated staff. Volunteers (individuals or groups) are not to be permitted to participate in or conduct a program for patients in a VA medical facility independent of VA direction, control and supervision.

(2) VA medical facility CDCE Program Managers are the authorized appointing official for all VA volunteers and must complete the appropriate signature block indicating a volunteer's official appointment on VA Form 10-7055, "Application for Voluntary Service." See paragraph 5.i. for further information.

3. DEFINITIONS

a. **Donation.** Consistent with VHA Directive 4721, VHA General Post Funds – Gifts and Donations, dated August 13, 2018, a donation is a gift; see “Gift,” below.

b. **General Post Fund.** A General Post Fund (GPF) is a trust fund authorized by 31 U.S.C. § 1321(a)(45). Monies in trust funds are held to be disbursed in compliance with the terms of the trust. The Secretary of Veterans Affairs is authorized to deposit funds in the GPF under the authority of 38 U.S.C. chapters 83 and 85. GPF accounts are authorized at each VA medical facility.

c. **Gift.** A gift is the gratuitous transfer of ownership without consideration consisting of (a) the donative intent, (b) transfer of title or ownership and (c) donee acceptance. Gifts or donations may be cash, services, gifts-in-kind, personalty or realty, including bequests and devises.

d. **Official Volunteer Folder.** An Official Volunteer Folder (OVF) is the official personnel file for regularly scheduled (RS) volunteer appointments. It must be maintained as part of the CDCE system of record.

e. **Volunteer.** A volunteer is an individual who serves in one of two categories:

(1) **Regularly Scheduled.** RS volunteers are volunteers who have been authorized and onboarded to serve as without compensation (WOC) employees under the purview of CDCE.

(2) **Occasional.** Occasional volunteers are volunteers who may serve as part of a group or organization, or have an assignment which is episodic, nonrecurring or non-routine (i.e., special events).

f. **Volunteer Assignment Guide.** A volunteer assignment guide is a document that specifies line of supervision, primary duties, pre-qualifications, training requirements and scope of the volunteer’s assignment; this is equivalent to an employee position description.

g. **Without Compensation Employee.** A WOC employee is an individual that has an official VA appointment but does not receive any salary or benefits (other than those allowed in this directive, such as awards and meal tickets) from VA. Volunteers accepted in the CDCE program represent one type of WOC employee.

4. POLICY

It is VHA policy to establish and maintain CDCE programs at all VA medical facilities to ensure appropriate acceptance and use of volunteers, donations and community partnerships which advance Veteran care. It is VHA policy that CDCE programs coordinate volunteering, philanthropic activities and partnership engagement across VA, and serve as an integral part of communications, public relations and outreach teams within VA medical facilities.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

c. **Director, VA Center for Development & Civic Engagement.** The Director, CDCE, is responsible for:

(1) Overseeing the overall administration and operation of the CDCE program.

(2) Ensuring compliance with this directive through appropriate auditing and monitoring activities.

(3) Ensuring that CDCE programs comply with relevant legislative changes or Executive Orders.

(4) Ensuring that suspected fraud involving misuse of gifts and donations is identified and referred to VA Office of Inspector General and appropriate officials. **NOTE:** *VHA Directive 4721 states policy regarding acceptance and use of donations.*

(5) Collaborating with VBA and National Cemetery Administration (NCA) in developing and implementing inter-agency volunteer programs. See paragraph 9.

(6) Accepting gifts and donations consistent with paragraph 8.

(7) Implementing and maintaining the VA Voluntary Service (VAVS) National Advisory Committee (NAC), including developing reports described in Appendix A and fulfilling the Designated Federal Officer responsibilities outlined in the VA Advisory Committee Management Office (ACMO) Guide available at <https://www.va.gov/advisory/>. **NOTE:** *VAVS NAC is a Federal Advisory Committee Act (FACA) committee charged with advising VA on volunteer issues. NAC member representatives serve on VA medical facility VAVS Committees.*

(8) Sharing report submission instructions and templates with VA medical facility CDCE Program Managers, CDCE VISN Liaisons and others, as needed.

(9) Reviewing reports, as needed, including but not limited to:

(a) Reviewing the VISN-wide Annual Narrative Report to inform program planning and preparing a summary for the Assistant Under Secretary for Health for Operations and VAVS NAC. **NOTE:** For further information on the Annual Narrative Report, see Appendix A.

(b) Reviewing Annual Joint Reviews (AJRs) and sharing cross-cutting issues and best practices with VAVS NAC.

(c) Reviewing National Salute reports in order to understand community efforts and create statistics for National Salute Week activities.

(d) Reviewing and storing After Action Reports (AARs) for auditing purposes.

d. **Veterans Integrated Services Network Directors.** VISN Directors are responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Designating a CDCE VISN Liaison.

(3) Assisting with dissemination of CDCE information and guidance related to CDCE programs to VA medical facilities within the VISN.

e. **VA Center for Development & Civic Engagement Veterans Integrated Services Network Liaisons.** CDCE VISN Liaisons (or designees assigned by the CDCE VISN Liaisons), serving under the guidance of the VA CDCE office, are responsible for:

(1) Facilitating communication related to CDCE programs within the VISN and providing information and guidance related to implementation and development of CDCE programs to VA medical facility CDCE Program Managers within their VISN; communicating VA medical facility needs or concerns, as needed, to the Director, CDCE.

(2) Collaborating with other CDCE VISN Liaisons to discuss best practices and share ideas with CDCE programs within the VISN.

(3) Compiling data regarding CDCE programs within the VISN, assisting with special projects or workgroups or participating (e.g., as a presenter or facilitator) in national professional and national service organization meetings as requested by the VISN Director, VA medical facility Director or Director, CDCE.

(4) Working with local, State and national service organizations' leaders and community partners in order to facilitate special volunteer service projects, philanthropic activities and other programs.

(5) Developing a VISN-wide Annual Narrative Report using information (e.g., program highlights, cross-cutting goals) from local Annual Narrative Reports and submitting it to the Director, CDCE, copying the VISN Director for awareness. **NOTE:** *For further information on the Annual Narrative Report, see Appendix A.*

f. **VA Medical Facility Directors.** VA medical facility Directors are responsible for:

(1) Ensuring overall VA medical facility compliance with this directive, Federal employment laws and relevant standards of accrediting organizations, and appropriate corrective action is taken if non-compliance is identified.

(2) Providing strategic direction for the VA medical facility CDCE program that supplements the staff, enhances patient experience and leverages the resources of the community.

(3) Serving as or designating a member of the VA medical facility executive leadership team to serve as, the Chairperson of the VA medical facility VAVS Committee. **NOTE:** *The VA medical facility VAVS Committee is established by the VA medical facility CDCE Program Manager and involves representatives from NAC member organizations and other community entities selected to serve on this body. Its purpose is to advocate, support and make recommendations that support the robust development of community engagement programs that amplify and supplement the VA medical facility's goals and priorities. The Chairperson's role is to represent the VA medical facility executive leadership team at VAVS Committee meetings and provide VA medical facility updates.*

(4) Providing resources consistent with available funding and reviewing the VA medical facility CDCE program budget to ensure the CDCE program has the resources it needs.

(5) Designating a VA medical facility CDCE Program Manager to serve as a subject matter expert for volunteer and community engagement, gifts and donations to the VA medical facility.

(6) Ensuring that the VA medical facility CDCE Program Manager and staff are afforded opportunities and resources to acquire or maintain appropriate certifications and credentials and participate in continuous learning activities that enhance skills and abilities necessary for innovation and excellence.

(7) Reviewing the local Annual Narrative Report received from the VA medical facility CDCE Program Manager and providing feedback if needed. **NOTE:** *For further information on the Annual Narrative Report, see Appendix A.*

(8) Accepting gifts and donations consistent with paragraph 8.

g. **VA Medical Facility Chief of Staff and VA Medical Facility Associate Director for Patient Care Services.** The VA medical facility Chief of Staff (CoS) and VA medical facility Associate Director for Patient Care Services are responsible for:

(1) Participating in the strategic oversight and planning for the VA medical facility CDCE program, particularly in areas impacting clinical care and services.

(2) Facilitating the credentialing for assignments performed by volunteers who serve in the capacity of physicians, dentists, nurses or other licensed professionals. See paragraph 6.b. for more information. **NOTE:** *The CoS may delegate this responsibility to appropriate clinical personnel with direct oversight of these activities and services. All volunteer physicians, dentists, nurses and other licensed professionals must be credentialed in accordance with VHA Directive 1100.20, Credentialing of Health Care Providers, dated September 15, 2021, and privileged as required by VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012.*

h. **VA Medical Facility Employee Occupational Health Providers.** VA medical facility employee occupational health (EOH) providers are responsible for:

(1) Completing medical examinations and evaluations on all volunteer drivers or other applicable volunteer assignments. **NOTE:** *Volunteers are considered WOC employees and are provided health services in accordance with established policy for employees as outlined in VA Handbook 5019, Employee Occupational Health Service, dated August 3, 2017. VA Handbook 5019 requires special exams for drivers. For further information regarding volunteer medical examinations and clearance processes, see the VHA Employee Occupational Health Guidebook at <http://vaww.hefp.va.gov/guidebooks/employee-occupational-health-guidebook-0>. This is an internal VA website that is not available to the public.*

(2) Documenting and maintaining all examinations, health records and correspondence with the volunteer's supervisor in the volunteer's medical records.

(3) Notifying the VA medical facility CDCE Program Manager of the medical opinion regarding whether the volunteer is medically qualified to perform assigned duties at the time of assignment or as needed.

(4) Notifying the volunteer of any abnormal test results which require follow-up evaluation either by an EOH provider or by the volunteer's health care provider.

i. **VA Medical Facility VA Center for Development & Civic Engagement Program Managers.** **NOTE:** *The position description and competencies expected for this role are based on national occupational standards for volunteer managers and professional ethics established by volunteer and non-profit leadership institutions including the Council for Certification in Volunteer Administration and HR Council for the Nonprofit Sector. CDCE Program Managers are responsible for overseeing the local management of the VA medical facility CDCE program by:*

(1) Collaborating with the VA medical facility executive leadership team, service chiefs and other program officials to develop a CDCE strategic plan that systematically identifies critical needs, key outcomes, performance metrics, volunteer recruitment and retention strategies, and evaluation strategies for the integration of community resources in support of VHA, as well as VA medical facility mission and goals.

(2) Completing a Position Designation Automated Tool (PDT) assessment in accordance with paragraph 7.c., as well as developing risk management strategies for the integration of community resources into the VA medical facility's overarching strategic plan.

(3) Developing operating guidance for the utilization and allocation of VA's community resources, both human and monetary, and for the development and execution of local, regional and national strategic partnerships.

(4) Developing a budget and spend plan for the VA medical facility CDCE program that promotes the most effective and efficient use of VA and community resources.

(5) Establishing comprehensive volunteer assignment guides with the VA medical facility Volunteer Supervisor and possessing a comprehensive knowledge of key legal issues (see Appendix D), current hospital accreditation standards related to health care volunteers, criteria for supervisory positions (see U.S. Office of Personnel Management guidance under paragraph 13) and human resources (HR) practices and policies to be considered in developing volunteer assignments. **NOTE:** *The volunteer assignment guide is designed to be supplemental in nature and therefore does not replicate, reflect the full scope of a paid employee's position description or consist primarily of duties identified as inherently governmental functions. The volunteer assignment guides must be reviewed periodically and revised as necessary. They are completed in a template located on VA CDCE SharePoint at <https://dvagov.sharepoint.com/sites/va-voluntary-service/Shared%20Documents/Forms/AllItems.aspx?csf=1&web=1&e=X9RcJG&cid=26f81d6a%2D25bb%2D4246%2Db49b%2De91228ea7e51&FolderCTID=0x0120009616B84A3933C44BA184C7234012B27F&viewid=2c4a1ad0%2D90f5%2D4918%2Dbfa6%2Ddd4b017a6255>. This is an internal VA website that is not available to the public. It is only available to CDCE staff.*

(6) Developing, implementing and maintaining oversight for a robust volunteer engagement strategy within the VA medical facility, outpatient clinics or with the use of virtual positions. This oversight includes but is not limited to volunteer-readiness and needs assessments; volunteer recruitment, interviews, orientation, onboarding, placement, training (see paragraph 11), structuring and development of assignments; identification and training of Volunteer Supervisors; guiding disciplinary actions/counseling/terminations as well as facilitating ongoing education; evaluation of CDCE programs including youth volunteer programs; retention activities and recognition. **NOTE:** *This includes signing all digital Volunteer Applications, "Application for Voluntary Service" (VA Form 10-7055), in the "appointing official" signature block, as the authorized Appointing Official or delegated authority/designee for all volunteers. As such, regardless of placement, the VA medical facility CDCE Program Manager maintains official supervisory responsibility for all volunteers within the VA medical facility and health care system (in compliance with The Joint Commission), as well as those placed in affiliated VBA or NCA locations to assess environmental safety and maintenance of official timekeeping records.*

(7) Establishing, executing and evaluating youth volunteer programs as outlined in paragraph 6.

(8) Educating VA staff in the appropriate management of donations, developing an operational process for identifying the need for volunteers and donors and providing oversight for the VA medical facility's gift and donation program in accordance with VHA Directive 4721.

(9) Ensuring that all volunteers, donations and active community organizations are recorded in the CDCE Portal; utilizing other enterprise-wide tracking systems for multiple data sets, to include volunteer demographic information, mandatory training requirements, volunteer service logs, donations and community partnerships. For more information on the CDCE Portal, see Appendix A.

(10) Establishing the VA medical facility VAVS Committee and serving as Deputy Chairperson of the VA medical facility VAVS Committee, to include facilitating and planning for all meetings, developing charters and by-laws for subsequent subcommittees, engaging with national officials of community partners to align mission, ensuring appropriate local representation, assessing committee effectiveness and orienting all members to their roles and responsibilities. See paragraph 9 in Appendix A for information regarding VA medical facility VAVS Committee reporting requirements.

NOTE: A charter template is available at:

<https://dvagov.sharepoint.com/sites/VACOVHACOS/10B4/PIRP/10B4/SitePages/Home.aspx>. This is an internal VA website that is not available to the public.

(11) Managing a VA medical facility CDCE quality improvement program to monitor and assess CDCE program operations and outcomes to ensure the program's ability to meet the changing needs of VA's patient population, critical goals and priorities and address local and national trends in volunteer engagement and non-profit management.

(12) Designing and implementing fundraising campaigns in accordance with VHA Directive 4721 for the benefit of patients, VA medical facility programs and activities that enhance care and services for Veterans, their families and caregivers.

(13) Providing VA medical facility reports of volunteer service to include a monthly report listing of volunteers and records of service to each VAVS Committee representative and providing a monthly report to the respective service on volunteers assigned.

(14) Completing all required and ad hoc national reports (see Appendix A for further details including submission requirements) including:

(a) Preparing a local Annual Narrative Report and submitting it to the VA medical facility Director for concurrence prior to submitting to the CDCE VISN Liaison who prepares the VISN-wide Annual Narrative Report.

(b) Submitting an annual summary report of National Salute activities to the Director, CDCE.

- (c) Submitting an annual National Volunteer Week Report to the Director, CDCE.
- (d) Submitting AARs to the Director, CDCE as needed.
- (e) Forwarding Issue Briefs to the Director, CDCE.
- (f) Collaborating with VA medical facility VAVS Committee representatives to conduct and submit AJRs to the national representatives for each affiliated organization.
- (g) Sending meeting minutes from VAVS Committee meetings to national representatives and NAC certifying officials.
- (h) Reporting any Volunteer Transportation Network (VTN) accident or other significant volunteer incident within 24 hours of the event to VA medical facility-level contacts, per local guidelines, and the VA CDCE office.

(15) Developing a local clearing process for the resignation or termination of volunteers. **NOTE:** For information regarding volunteer appointment and termination, see Appendix B. Guidance regarding collection of Personal Identity Verification or identification badges is located on VA CDCE SharePoint at <https://dvagov.sharepoint.com/:f:/r/sites/va-voluntary-service/Shared%20Documents/1620%20Policy%20References?csf=1&web=1&e=X9RcJG>. This is an internal VA website that is not available to the public. It is only available to CDCE staff.

(16) Terminating a VA volunteer for unsatisfactory performance or other reasons as described in Appendix B.

(17) Recording and acknowledging in writing all gifts and donations consistent with paragraph 8.

(18) Ensuring that volunteers act as fiduciary stewards when shopping for patients (see paragraph 7.b.).

j. **VA Medical Facility Volunteer Supervisors.** VA medical facility Volunteer Supervisors are compensated employees who supervise volunteers and are responsible for:

(1) Completing training provided by the VA medical facility CDCE Program Manager, to include but not limited to:

(a) Creating meaningful volunteer roles that meet programmatic needs that do not supplant a role filled through an established compensated employee.

(b) Effective management strategies for supervising volunteers.

(c) Providing ongoing and constructive feedback and communication with volunteers.

- (d) Reporting and tracking of volunteer time.
- (e) Volunteer performance evaluation and disciplinary procedures.
- (f) Motivation and recognition strategies.
- (g) Incorporating volunteers and paid staff in the work setting.

(2) Recording hours and visits of all volunteers each month in the CDCE Portal.

(3) Providing any assignment-specific training to volunteers and assigning applicable trainings in VA's Talent Management System (TMS). For further details, see paragraph 11. **NOTE:** *Information regarding volunteer processing categories (groups) and associated requirements is located on VA CDCE SharePoint at <https://dvagov.sharepoint.com/:f:/r/sites/va-voluntary-service/Shared%20Documents/1620%20Policy%20References?csf=1&web=1&e=X9RcJG>. This is an internal VA website that is not available to the public. It is only available to CDCE staff.*

(4) Determining the need for volunteer support and coordinating all volunteer activities through the VA medical facility CDCE program.

(5) Working with the VA medical facility CDCE Program Manager in the design of appropriate volunteer roles and interviewing and approving potential volunteers prior to acceptance for an assignment.

(6) Ensuring appropriate working conditions to facilitate volunteer participation, consistent with budgetary resources, including:

(a) Providing necessary space, furnishings and equipment (e.g., protective and safety equipment) to individual volunteers to conduct or carry out their assignments.

(b) Provision of reasonable accommodations to volunteers, as deemed appropriate, to accomplish assigned duties.

(7) Assisting the VA medical facility CDCE Program Manager with ensuring compliance with The Joint Commission standards related to the utilization of volunteers as health care personnel including:

(a) Establishing comprehensive volunteer assignment guides.

(b) Documenting training and orientation to assignment.

(c) Documenting volunteer accident/incident reports that occur on duty as a volunteer.

(d) Administering performance evaluations, including follow-up actions, when necessary, such as:

1. Counseling volunteers when service is marginal or unsatisfactory.

2. Reporting to the VA medical facility CDCE Program Manager any performance or behavior issues that warrant suspension or termination. **NOTE:** *For information regarding volunteer appointment and termination see Appendix B. Copies of all documentation must be included in the OVF for RS volunteer appointments.*

(8) Recognizing volunteer achievement and impact.

(9) Ensuring routine follow-up for volunteers working in virtual assignments, such as Volunteer In-Home Visitors, Compassionate Contact Corps or other community-based assignments, to monitor and confirm volunteer schedules, progress reporting and for identification of issues or concerns related to the assignment.

(10) Working with the VA medical facility CDCE Program Manager to conduct a routine assessment of volunteer roles to ensure an ongoing suitability that fosters volunteer recruitment and retention.

k. **VA Medical Facility Fleet Manager.** The VA medical facility Fleet Manager is responsible for ensuring that vehicles are used, inspected and equipped according to VHA Directive 1695, Veterans Transportation Services, dated September 18, 2019.

6. TYPES OF VA VOLUNTEERS

These categories of volunteers may serve as RS or occasional volunteers.

a. **Youth Volunteers.** Youth volunteers are individuals 17 and under or who satisfy the definition of underage in the State where they are volunteering. VA medical facility CDCE Program Managers must use the following criteria for establishing, executing and evaluating youth volunteer programs:

(1) Ensure that youth volunteers serving in RS volunteer assignments are age 14 or above and in accordance with the Fair Labor Standards Act.

(2) Ensure written parental or guardian approval to participate in the VA medical facility CDCE program, to include authorization for diagnostic and emergency treatment if injured while volunteering.

(3) Identify restricted areas of the VA medical facility or assignments inappropriate for youth volunteers, in collaboration with VA medical facility leadership and program officials. Additionally, they will develop a list of approved volunteer assignments and subsequent volunteer assignment guides.

(4) Conduct comprehensive age-specific orientation for students using the national template provided by CDCE.

(5) Conduct introduction and orientation sessions for youth volunteers designed specifically for parents and academic/community organizations seeking to place students in volunteer assignments.

(6) Document and conduct training for supervisors of youth volunteers using the national template provided by CDCE to provide information related to effective engagement and management of minor-age volunteers.

(7) Ensure that uniforms are provided and worn by youth at all times while volunteering in a CDCE assignment.

(8) Ensuring that all staff throughout the VA medical facility are notified of the launch dates and timeframes for programs involving large numbers of students serving for an extended period of time, such as Summer Youth Volunteer Programs.

b. Physicians, Dentists, Nurses, Licensed Independent Practitioners and Other Licensed Professionals. These licensed professionals assume full responsibility for professional services in their respective fields and may be accepted as volunteers under certain circumstances. The guidance identified below is for any licensed practitioners serving as volunteers.

(1) These appointments will be for a specified time period not to exceed 2 years and may only be authorized by the VA medical facility Director, or designee.

(2) The volunteer may not start work until completion of the appointment process, which includes obtaining required clearances through Personnel Security, and the issuance of the Letter of Authorization, FL 10-294, by the Chief, Human Resource Management Service (which must be signed by the volunteer) and returned to HR.

(3) Additionally, the volunteer may not begin clinical duties until clinical privileges have been approved by the VA medical facility Director for expected duties to be performed in their volunteer role. Volunteers must be credentialed in accordance with VHA Directive 1100.20 and privileged in accordance with VHA Handbook 1100.19 prior to accessing any patient information or providing any care or treatment.

(4) All volunteers must have appropriate training and work under the supervision of a VA-compensated clinical staff member.

(5) The volunteer or the VA medical facility Volunteer Supervisor is responsible for reporting the volunteer hours for documentation in the CDCE Portal to ensure accurate timekeeping and for purposes of liability.

c. Complementary and Integrative Health Volunteers. In accordance with VHA Directive 1137(2), Provision of Complementary and Integrative Health (CIH), dated May 18, 2017, CDCE may appoint volunteers with required certification and credentials to supplement services. CIH volunteer assignments may include yoga and tai chi.

(1) Volunteers serving in these roles must be appropriately credentialed and privileged and have appropriate training and work under the supervision of a VA-compensated clinical staff member.

(2) Volunteers may be appointed to support additional complementary approaches if such modalities have been identified as a need or deemed an appropriate resource for Veterans and approved by a VA-compensated clinical staff member.

(3) The volunteer or the VA medical facility Volunteer Supervisor is responsible for recording the volunteer hours for documentation in the CDCE Portal to ensure accurate timekeeping and for purposes of liability.

d. **Medical-Legal Partnership Attorneys.** Medical-Legal Partnerships (MLP) embed lawyers specializing in civil law into the health care setting to address Veterans' unmet legal needs, in coordination with the Office of Care Management and Social Work Services. Attorneys volunteering as MLPs do not require an OVF or onboarding through CDCE; however, all hours of MLP volunteers are documented in the CDCE Portal for recordkeeping. ***NOTE: Volunteer attorneys are not allowed to solicit paid business from Veterans or represent a Veteran in a claim for VA benefits.***

e. **Student Shadowing/Observation.** 5 U.S.C. § 3111(b) authorizes the head of an agency to accept the volunteer services of students. See 5 C.F.R. § 308.103. Under that authority, students are permitted to perform education-related work assignments in a non-pay status.

(1) Students must complete the onboarding process as outlined in this directive.

(2) An official agreement must be established between the academic or technical institution and the VA medical facility or CDCE nationally. Agreement template to be provided by the VA CDCE office.

(3) A liaison from the institution must be identified to verify student enrollment and provide endorsement of selectees.

(4) A designated program length must be established.

(5) Orientation to the roles and responsibilities must be provided to the VA staff being observed as part of the program or serving as mentors or trainers.

f. **VA-Compensated Employees.** VA-compensated employees are permitted to serve as VA volunteers under the following conditions:

(1) VA-compensated employees may only serve as VA volunteers in authorized volunteer assignments unrelated to their paid employment responsibilities. ***NOTE: For further information regarding employee volunteers in the Disaster Emergency Medical Personnel System (DEMPS), see paragraph 2 in Appendix B.***

(2) VA-compensated employees may not be certified to serve as Representatives or Deputy Representatives on the VAVS National Advisory Committee (NAC) or VA medical facility VAVS Committees.

g. **VA Retirees.** VA retirees may volunteer, however, are prohibited from serving in a role or assignment identical or closely aligned to their former employee duties. **NOTE:** *Duties performed under DEMPS are exempt from this restriction.*

h. **National Veterans Sports Programs and Special Events.** These special events provide opportunities for health and healing through adaptive sports and therapeutic arts programs. As VA-sponsored events, all volunteers (including VA-compensated employee volunteers) must be tracked and recorded in the CDCE Portal.

i. **VA Volunteers Assigned to State Veterans Homes.**

(1) Individuals in CDCE may serve under a volunteer assignment guide where the position is located at a State Veterans Home (SVH). **NOTE:** *Volunteers serving exclusively at an SVH may be recognized by CDCE for their service to Veterans.*

(2) **Dual-Appointment Volunteer.** A dual-appointment (SVH-VA) volunteer is an individual who volunteers at an SVH and VA.

j. **Pet Volunteers.** Pet volunteers are involved in VHA-approved Animal-Assisted Activities (AAA) or Animal-Assisted Therapy (AAT). See VHA Directive 1178(1), Animal-Assisted Activities and Animal-Assisted Therapy, dated September 14, 2018, which establishes policy for AAA and AAT programs.

(1) All pets and their owners and handlers involved in either AAA or AAT must be registered as RS volunteers, with a separate OVF for the animal connected to the OVF for the pet owner.

(2) The owner or handler is required to go through the onboarding process, including all training and required health screenings.

(3) All pets are required to have an up-to-date shot and immunization record, which will be part of the animal's OVF.

(4) AAT pets must undergo an additional vetting process with Recreation Therapy or clinical service implementing the program.

(5) The following animals will not be accepted as pet volunteers:

(a) Veteran-owned service animals.

(b) Employee-owned service animals.

(c) Employee-owned personal pets, unless the animal receives pre-approval and AAA certification, and the pet is volunteering outside the employee's tour of duty.

(d) VA residential pets (e.g., Community Living Center live-in dog).

(6) The owner, handler or assignment supervisor is responsible for reporting the volunteer hours of the pet and the handler/owner for documentation in the CDCE Portal to ensure accurate timekeeping and for purposes of liability.

7. PRIVACY AND SECURITY REQUIREMENTS

a. **Privacy Act.** Volunteers, as WOC employees, are subject to the provisions of the Privacy Act (5 U.S.C. § 552(a)), as well as 38 U.S.C. §§ 5701, 7332 and related statutes, and all VA regulations and directives implementing these statutes. Accordingly, volunteers must support and not impede the safeguarding of patient privacy during their tour of duty with VHA. Volunteers are subject to prosecution for the unlawful release of patient information. ***NOTE: VHA privacy policies applicable to volunteers include but are not limited to VHA Directive 1605, VHA Privacy Program, dated September 1, 2017, and VHA Directive 1605.01, Privacy and Release of Information, dated August 31, 2016. Privacy training for volunteers is noted under paragraph 11.***

b. **Fiduciary Stewardship.** Volunteers are not permitted to cash patients' checks or act as intermediaries in cashing checks for patients. Volunteers are permitted to shop for patients, provided that accountability is established for all transactions by the VA medical facility CDCE Program Manager and such duties are outlined in the volunteer assignment guide.

c. **Position Sensitivity Designation.** VA volunteer assignments are generally low risk, but a PDT assessment (VA Form 2280, Position Risk and Sensitivity Level Designation) is required if the volunteer is assigned to work closely with VA employees who occupy positions designated as moderate-risk or high-risk, such as working directly with high-level leadership within the VA medical facility. In such situations, the VA medical facility CDCE Program Manager must complete a PDT assessment to determine if the volunteer's assignment is higher than low risk. When completed, the PDT assessment must be maintained in the individual OVF.

8. GIFTS AND DONATIONS

a. CDCE operates in accordance with VHA Directive 4721 to accept gifts and donations and to make GPF-related expenditures. These transactions must comply with established VA financial policy and procedures including those set forth in VHA Directive 4721. ***NOTE: For a definition of GPF, see paragraph 3.b.***

b. The Director, CDCE or designee is authorized to accept gifts for the benefit of patients and members (as defined in VHA Directive 4721) of VA medical facilities, and for the benefit of one or more VA medical facilities. Similarly, the VA medical facility Director and CDCE Program Manager are authorized to accept gifts and donations for the benefit of that VA medical facility and its patients. This authority may not be redelegated. The VA medical facility CDCE Program Manager may not accept gifts for research or education purposes.

c. The VA medical facility CDCE Program Manager is required to record gifts and donations in the donation tracking system within 5 working days of receipt and acknowledge in writing all gifts and donations accepted in CDCE within 30 days of receipt. This provides the required supporting documentation for gifts, which may be in the forms of acknowledgment, thank-you letters or Memoranda of Agreement.

d. Donations of frequently gifted items will be credited a standard dollar value in the CDCE Portal regardless of the donor self-report or preference. The donor record will be documented in the CDCE Portal Donations Tracking Package according to the VA Donation Value Guide located at <https://dvagov.sharepoint.com/sites/va-voluntary-service/Shared%20Documents/Forms/AllItems.aspx?viewid=2c4a1ad0%2D90f5%2D4918%2Dbfa6%2Ddd4b017a6255&id=%2Fsites%2Fva%2Dvoluntary%2Dservice%2FShared%20Documents%2F1620%20Policy%20References>. **NOTE:** *This is an internal VA website that is not available to the public. It is only available to CDCE staff.* If a different value is notated, the entry must include a justification for change.

e. Donations of vehicles for use in the Volunteer Transportation Network (VTN) may be accepted when a justification of needs exists and a signed written agreement is established between the Disabled American Veterans (DAV) or other donor that sets forth the conditions on VA's use and possible return of the vehicle.

f. CDCE is responsible for the coordination of the delegation of authority delegating the VA medical facility Director's authority to return donated vehicle(s) to donors when the vehicles are no longer serviceable or needed for use in the VA medical facility's VTN. This delegation of authority must be renewed every 2 years via a memorandum issued by the Secretary of Veterans Affairs.

9. VOLUNTEER COORDINATION ACROSS VA AND OTHER FEDERAL AGENCIES

a. Veterans Benefits Administration and National Cemetery Administration.

CDCE programs in VHA must develop and implement programs in partnership with VBA and NCA offices in support of the overall VA mission. CDCE must coordinate with VBA regional offices and local cemetery directors to facilitate volunteer engagement. Examples include organization and school visits, memorial service honor guard units and office volunteers.

b. Other Federal Agencies. CDCE may also coordinate volunteers with other Federal agencies including Department of Labor, Internal Revenue Service, Corporation for National and Community Service, Department of Treasury and Library of Congress.

10. VOLUNTEER TRANSPORTATION NETWORK

NOTE: *Providing transportation of Veterans is allowed only in certain circumstances. For further information, see VHA Directive 1695.*

a. In accordance with 38 U.S.C. §§ 111A(b), 901(f), and 1720G, VA established VTN to provide needed transportation for ambulatory Veterans seeking services from a VA medical facility or an authorized non-VA facility. The program is administered in

conjunction with DAV, which has historically donated vehicles and recruited volunteer drivers. VA also provides transportation to Veterans who are seeking VA services or benefits, and to accompanying caregivers, or service animals, if the caregivers' or service animals' presence is medically indicated. For information regarding VTN operations including driver verification and restrictions see Appendix E.

b. VTN is designed to provide transportation services to Veterans seeking benefits at VA medical facilities, including VBA offices, and who have no other means of transportation. VTN is not to be used for recreational events, patient outings or for any other purpose beyond providing needed transportation for ambulatory Veterans seeking services from a VA medical facility or an authorized non-VA facility.

c. VHA coordinates VTN in coordination with the Veterans Transportation Service (VTS) (see VHA Directive 1695) to manage access to care in a manner that is most cost effective and ensures the programs complement each other.

d. VA medical facilities, in coordination with CDCE, are encouraged to establish VTNs and cooperate with DAV representatives and other organizations to develop and implement a VTN that meets the needs of their facilities.

e. Volunteers provide transportation to Veterans using government-owned vehicles only. However, volunteers are not permitted to drive government-owned vehicles requiring a Commercial Driver's License (CDL).

f. DAV may provide a Hospital Service Coordinator (HSC) or Volunteer Coordinator to serve in a role responsible for tasks required to operate a VTN program. Before serving in this capacity, the HSC/Volunteer Coordinator must be registered as a VA volunteer. Office space accommodations for the position may be determined locally.

g. Volunteer transportation services include, but are not limited to:

(1) **Transportation by Donated Vehicles.** These are vehicles that are donated to VHA by DAV or another donor to support VTN.

(2) **Transportation by Other Government-owned Vehicles.** Volunteers must drive government-owned vehicles with the exception of those requiring a CDL. Volunteers may do this provided they have a separate volunteer position description for the VTS assignment, and if they have met all of the requirements to be a volunteer driver outlined in VHA Directive 1695, including any additional training to use special equipment such as wheelchair lifts, and securing and transporting wheelchairs. Vehicles with a 15-passenger capacity are not permitted for use in VTN.

h. **Community Care Appointments.** VTN may provide transportation to Veterans and others to authorized Community Care appointments to the extent consistent with VHA Directive 1695.

11. TRAINING

a. The following training is **required** for volunteers:

(1) **VA Medical Facility Training.** The following training is provided by the VA medical facility where the volunteer is located: new volunteer orientation, assignment-specific training and annual training. VA volunteers should be trained to mirror that of full-time equivalent employees, as applicable. **NOTE:** *Appendix C lists topics required to be included in the new volunteer orientation training developed by the VA medical facility.*

(2) **Talent Management System Training for New Volunteers.** The following trainings in TMS must be included or adapted for new volunteers.

1. Privacy and HIPAA Training (VA TMS 10203 or 10204).

2. Information Security and Rules of Behavior Training (VA TMS 10176).

(3) Any other trainings deemed necessary by the VA medical facility CDCE Program Manager and Volunteer Supervisor to successfully perform and comply with all laws, regulations and VA policies in their VA volunteer role.

b. The following training is **required** for new CDCE staff (including VA medical facility CDCE Program Managers): CDCE Training Guides and Training Curriculum available at <https://dvagov.sharepoint.com/sites/va-voluntary-service/Shared%20Documents/Forms/AllItems.aspx?viewid=2c4a1ad0%2D90f5%2D4918%2Dbfa6%2Ddd4b017a6255&id=%2Fsites%2Fva%2Dvoluntary%2Dservice%2FShared%20Documents%2FVAVS%20Staff%20Training>. **NOTE:** *This is an internal VA website that is not available to the public. It is only available to CDCE staff.*

12. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

13. REFERENCES

a. P.L. 92-463 (FACA).

b. 5 U.S.C. §§ 552a, 3111.

c. 18 U.S.C. § 201-209.

d. 28 U.S.C. §§ 1346(b), 2671-2680.

- e. 31 U.S.C. § 1321.
- f. 38 U.S.C. §§ 83, 85, 111A, 513, 901(f), 1720G, 5701, 7301(b), 7332, 7405, 8301.
- g. 42 U.S.C. § 12101; chapter 139.
- h. 5 C.F.R. § 308.103 and parts 551 and 2635.
- i. 29 C.F.R. part 570.
- j. VA Directive 5810, VA Workers Compensation Program, dated September 1, 2021.
- k. VA Handbook 5005/21, Staffing, Part II, Chapter 2, dated November 20, 2007.
- l. VA Handbook 5019, Employee Occupational Health Service, dated August 3, 2017.
- m. VHA Directive 0320.03, Disaster Emergency Medical Personnel System Program, dated June 17, 2021.
- n. VHA Directive 1100.20, Credentialing of Health Care Providers, dated September 15, 2021.
- o. VHA Directive 1124, Equal Employment Opportunity, dated August 12, 2021.
- p. VHA Directive 1137(2), Provision of Complementary and Integrative Health (CIH), dated May 18, 2017.
- q. VHA Directive 1178(1), Animal-Assisted Activities and Animal-Assisted Therapy, dated September 14, 2018.
- r. VHA Directive 1188(1), Animals on Veterans Health Administration (VHA) Property, dated August 26, 2015.
- s. VHA Directive 1609, Workers' Compensation Program Management, dated April 5, 2022.
- t. VHA Directive 1695, Veterans Transportation Services, dated September 18, 2019.
- u. VHA Directive 4721, VHA General Post Funds - Gifts and Donations, dated August 13, 2018.
- v. VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012.
- w. Secretary of Veterans Affairs Memorandum 0128022, Delegation of Authority to Return Donated Vans to Donor(s), dated January 28, 2022.

x. VA CDCE SharePoint. <https://dvagov.sharepoint.com/sites/va-voluntary-service/Shared%20Documents/Forms/AllItems.aspx?csf=1&web=1&e=X9RcJG&cid=26f81d6a%2D25bb%2D4246%2Db49b%2De91228ea7e51&FolderCTID=0x0120009616B84A3933C44BA184C7234012B27F&viewid=2c4a1ad0%2D90f5%2D4918%2Dbfa6%2Ddd4b017a6255>. **NOTE:** *This is an internal VA website that is not available to the public. It is only available to CDCE staff.*

y. Employee Occupational Health Guidebook. <http://vaww.hefp.va.gov/guidebooks/employee-occupational-health-guidebook-0>. **NOTE:** *This is an internal VA website that is not available to the public.*

z. VA Advisory Committee Management Office (ACMO) Guide (latest version). <https://www.va.gov/advisory/>.

aa. VA Form 10-1240. VAVS Summary of Annual Joint Review. <https://vaww.va.gov/vaforms/>. **NOTE:** *This is an internal VA website that is not available to the public.*

bb. VA Form 10-1240a. Response to VAVS Summary Annual Joint Review. <https://vaww.va.gov/vaforms/>. **NOTE:** *This is an internal VA website that is not available to the public.*

cc. VA Form 2280. Position Risk and Sensitivity Level Designation. <https://vaww.va.gov/vaforms/>. **NOTE:** *This is an internal VA website that is not available to the public.*

dd. VA Form 10-7055. Application for Voluntary Service. <https://www.va.gov/find-forms/>.

ee. Council for Certification in Volunteer Administration: <https://cvacert.org/resources-and-media/professional-ethics/>.

ff. U.S. Office of Personnel Management. General Schedule Supervisory Guide. June 1998, April 1998: <https://www.opm.gov/policy-data-oversight/classification-qualifications/classifying-general-schedule-positions/#url=Functional-Guides>.

REPORTS

The Department of Veterans Affairs (VA) Center for Development & Civic Engagement (CDCE) staff provide submission information, as needed, to VA medical facility CDCE Program Managers, CDCE Veterans Integrated Services Networks (VISN) Liaisons and other relevant individuals. Report templates are available on VA CDCE SharePoint unless otherwise noted. **NOTE:** VA CDCE SharePoint is located at <https://dvagov.sharepoint.com/sites/va-voluntary-service/Shared%20Documents/Forms/AllItems.aspx?csf=1&web=1&e=X9RcJG&cid=26f81d6a%2D25bb%2D4246%2Db49b%2De91228ea7e51&FolderCTID=0x0120009616B84A3933C44BA184C7234012B27F&viewid=2c4a1ad0%2D90f5%2D4918%2Dbfa6%2Ddd4b017a6255>. This is an internal VA website that is not available to the public. It is only available to CDCE staff.

1. VA CENTER FOR DEVELOPMENT & CIVIC ENGAGEMENT PORTAL

The CDCE Portal is an enterprise-wide platform providing a single system of record to ensure capability for standardized reporting, generating comparative and trend analyses, supplementing the Official Volunteer Folder, capturing evaluation data and determining operational and process improvements. The VA medical facility CDCE Program Manager ensures that all volunteers, donations and active community organizations are recorded in the CDCE Portal. Occasionally, CDCE will require specific labeling or tags for donations or events in the CDCE Portal to facilitate national reports.

2. ANNUAL NARRATIVE REPORTS

a. The local Annual Narrative Report addresses trends, progress and impact of the CDCE program at the VA medical facility. The VA medical facility CDCE Program Manager develops the report using an established template that is made available on CDCE SharePoint.

b. The CDCE VISN Liaison develops a VISN Annual Narrative Report that incorporates program information from local Annual Narrative Reports submitted by VA medical facilities within the VISN. The template for the VISN Annual Narrative Report will be made available by CDCE. The VISN Annual Narrative report provides a VISN-wide-assessment of the CDCE program during the previous fiscal year (FY), reporting on previous year's goals and establishing new goals for the current FY.

3. NATIONAL SALUTE REPORT

Created in conjunction with the Ann Landers "Valentines for Veterans" Program, VA's National Salute acknowledges the opportunity to serve Veteran patients, increases community awareness of VA programs and services and encourages philanthropic engagement on behalf of Veterans. Held annually during the week of Valentine's Day, the VA medical facility CDCE Program Manager is responsible for completing a summary of National Salute Week activities and events to include, but not limited to:

number of Veteran patients involved, number of events, number of valentines received, number of volunteers and community partners involved, media engagements and other significant outcomes. The Director, CDCE determines the suspense date for the National Salute report.

4. NATIONAL VOLUNTEER WEEK REPORT

VA medical facility CDCE programs participate in National Volunteer Week which is held annually by the Points of Light nonprofit organization; the VA medical facility CDCE Program Manager is required to complete a summary of National Volunteer Week activities and events to include a calendar of events, number of volunteers involved, media engagements and minimum of one story highlight with high resolution photo. The Director, CDCE determines the suspense date for this report.

5. AFTER ACTION REPORTS

After Action Reports (AARs) are required from all VA organizations, including VA medical facilities, utilizing national General Post Fund (GPF) funds. Each AAR summary report details the purpose, funding, expenses and outcomes associated with any project or expenditure funded through the national Veterans Health Administration (VHA) GPF account. The AAR is mandatory for auditing purposes. Suspense for completion of the AAR will be set upon issuance of funds by CDCE.

6. VOLUNTEER TRANSPORTATION NETWORK ACCIDENT REPORT

The VA medical facility CDCE Program Manager is required to report any Volunteer Transportation Network accident or other significant incident within 24 hours of the event to VA medical facility-level contacts, per local guidelines, and CDCE. The report includes but is not limited to the following information: date, time, driver, number of passengers, reported injuries, driver statement and status of driver's training records.

7. ISSUE BRIEFS

The VA medical facility CDCE Program Manager is responsible for forwarding any Issue Briefs related to CDCE, including staff, volunteers, affiliated community organizations or significant incidents or events to the Director, CDCE for awareness.

8. ANNUAL JOINT REVIEWS

a. The VA medical facility CDCE Program Manager collaborates with VA medical facility VAVS Committee representatives to develop the Annual Joint Review (AJR) using VA Form 10-1240, VAVS Summary of Annual Joint Review, located at: <https://vaww.va.gov/vaforms/>. **NOTE:** This is an internal VA website that is not available to the public.

b. These reports summarize the National Advisory Committee (NAC) member organization's philanthropic activity in partnership with VA. The reviews help to ensure that activities are aligned with VA and VHA missions, that organizations are aware of

VA, VHA and CDCE goals and priorities, and that routine communications effectively address concerns of community partners. Additionally, these reports represent the data that identifies organizational member categories within the VA Voluntary Service (VAVS) NAC. The AJR may be generated to comply with the fiscal or reporting year of the partnering organization. Instructions regarding submission and reporting templates is provided by CDCE.

c. The original VA Form 10-1240 is retained by the VA medical facility CDCE Program Manager who sends a copy to the local VAVS Representative and the national representatives for each affiliated organization with acknowledgment form, VA Form 10-1240a, Response to VAVS Summary Annual Joint Review, located at <https://vaww.va.gov/vaforms/>. **NOTE:** *This is an internal VA website that is not available to the public.*

9. VA VOLUNTARY SERVICE COMMITTEE MINUTES

VA medical facility VAVS Committee meetings are established by the VA medical facility CDCE Program Manager. National representatives and NAC certifying officials must receive meeting minutes via email. The mailing list can be found on the CDCE Portal and is maintained by the VA medical facility CDCE Program Manager.

10. NATIONAL ADVISORY COMMITTEE ANNUAL REPORTING

a. **VA Advisory Committee Management Office Reports.** The Director, CDCE is required to submit an Annual Operations Plan and Annual Assessment of Committee Activities (Performance Review) for the VAVS NAC. Further information regarding these annual reports and required templates is in the VA Advisory Committee Management Office (ACMO) Guide available at: <https://www.va.gov/advisory/>.

b. **Annual Meeting.** A copy of the NAC Annual Meeting Report must be distributed by the Director, CDCE to all members of the NAC, all VA medical facility CDCE Program Managers and others as required by P.L. 92-463, The Federal Advisory Committee Act. A copy must also be posted on the national CDCE website at <http://www.volunteer.va.gov>.

c. Recommendations adopted by the VAVS NAC are distributed to all members of the NAC and VA medical facility CDCE Program Managers.

11. MISCELLANEOUS REPORTS

Additional reports may be required based on significant events, VA or VHA activities and priorities, or as necessary for national queries.

APPOINTMENT AND TERMINATION OF VOLUNTEERS

1. APPOINTMENT REQUIREMENTS

a. The Department of Veterans Affairs (VA) Center for Development & Civic Engagement (CDCE) volunteers are appointed as without compensation (WOC) employees, as required by Part II, Chapter 2 in VA Handbook 5005/21, Staffing, dated November 20, 2007.

b. VA medical facility CDCE Program Managers are the authorized appointing official for VA volunteers and must complete the appropriate signature block indicating a volunteer's official appointment on VA Form 10-7055 - Application for Voluntary Service located at <https://vaww.va.gov/vaforms/>. **NOTE:** *This is an internal VA website that is not available to the public.*

c. All VA volunteers must participate in required screenings, interviews, orientations, pre-service training and probationary periods as applicable and prescribed by the VA medical facility and CDCE program.

d. All VA volunteers must complete the "Waiver of Claims to Remuneration and Appointment Agreement," as contained in VA Form 10-7055.

2. RESTRICTIONS ON VA VOLUNTEER ASSIGNMENTS

All VA volunteers are WOC employees and may not receive any form of compensation by VA. VA volunteers perform duties that supplement but do not replace services performed by VA-compensated staff. Specific restrictions on volunteer assignments include but are not limited to:

a. **Child Care.** VA volunteers are not authorized to provide childcare, except under extraordinary circumstances or under a State of Emergency.

b. **Post-Secondary Students.** Post-secondary students are not considered VA volunteers if their service to VA is part of academic credit under a formal affiliation agreement. **NOTE:** *However, in accordance with 5 U.S.C. § 3111, post-secondary students can serve while receiving academic credit under a formal affiliation agreement if the service (1) is performed by a student, with the permission of the institution at which the student is enrolled, as part of an agency program established for the purpose of providing educational experiences for the student; (2) is to be uncompensated; and (3) will not be used to displace any employee.*

c. **Veteran Service Officers.** Veteran Service Officers representing Veterans' claims may not serve as VA volunteers in that capacity.

d. **Veterans Health Administration Patients.** Veterans who are current inpatients are not permitted to serve as VA volunteers. Veterans who have been treated in an

inpatient setting within the past 6 months may be required to provide a return to duty/fitness for duty certification prior to being assigned into a voluntary position. Additionally, Veterans who are recommended or encouraged to volunteer as part of their medical rehabilitation or for extended terms of care may not be permitted to serve as VA volunteers until all treatment is complete and fitness for duty is obtained.

e. **VA Retirees and Other Non-VA Employees in the Disaster Emergency Medical Personnel System.** The Disaster Emergency Medical Personnel System (DEMPS) is the Veterans Health Administration's (VHA's) main program for deployment of clinical and non-clinical staff to an emergency or disaster. The DEMPS Program may be used for an internal VA mission, as well as supporting a mission after a Presidential Disaster Declaration under the National Response Frameworks Emergency Support Function #8 (Public Health and Medical Services). Employees may register for DEMPS at <https://vhapims.orau.org/>. Employee volunteers through DEMPS will not be registered as VA volunteers or documented in the CDCE Portal. **NOTE:** For further information, see VHA Directive 0320.03, *Disaster Emergency Medical Personnel System Program*, dated June 17, 2021.

f. **Research and Education Corporation Without Compensation Employees.** Research and Education Corporation (REC) WOC employees are not VA volunteers. Their activities must be coordinated through the Office of Academic Affiliations. **NOTE:** *This does not preclude current REC WOC employees from concurrent CDCE service if the assignment is unrelated to the research activities.*

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

h. **Services Independent of VA Direction, Control and Supervision.** Volunteers are not permitted to participate in, or conduct, a program for patients independent of VA direction, control and supervision.

i. **Union Officials.** Volunteers cannot serve in a union office.

j. **Citizenship.** Volunteers must be United States citizens or nationals to meet requirements for WOC employees.

3. TERMINATION OR RESIGNATION

a. The VA medical facility CDCE Program Manager may remove a VA volunteer for unsatisfactory performance, inability to perform the assignment or a violation of this directive or procedures with input from the Volunteer Supervisor.

b. The VA medical facility Volunteer Supervisor must provide detailed documentation demonstrating that the volunteer, after appropriate orientation and training, has been counseled and sufficient cause for removal exists.

c. Written notification of termination must be sent to the volunteer, and if affiliated, to the local VAVS Representative if the volunteer is from a VA medical facility VAVS Committee organization. If the volunteer to be terminated is the VAVS Representative, written notification of termination must also be sent to the National Advisory Committee (NAC) member representative and the National Certifying Official of the affiliated NAC member organization.

VOLUNTEER TRAINING

Required topics to include in volunteer training developed by the Department of Veterans Affairs (VA) medical facility:

a. **VA Center for Development & Civic Engagement Program and VA Medical Facility Overview.** Scope of the VA Center for Development & Civic Engagement programs and services offered at the VA medical facility.

b. **Health, Safety and Security Screenings.** All required immunization(s)/vaccinations, background screenings, any screenings unique to the VA medical facility's security (e.g., ID badge and equipment management). This includes fire safety, hospital alerts, disaster preparedness.

c. **Infection Control.** Practices of working in a health care environment.

d. **Volunteer Rights and Responsibilities.** General training to include recording of hours, timeliness, code of conduct, dress code, meal tickets, awards and recognition, etc.

FEDERAL LAWS, ORGANIZATIONS AND POLICIES

The following laws, organizations and policies represent a summary of key considerations for execution of the Department of Veterans Affairs (VA) Center for Development & Civic Engagement (CDCE) program. While most Federal laws exempt volunteer services, they guide the development and implementation of standardized policies and business practices that allow VA to accomplish its mission, reduce risk and liability and effectively utilize the services of the community.

a. **Federal Tort Claims Act.** Volunteers serving on a without compensation (WOC) basis are in purview of the Federal Tort Claims Act when they are working within the scope of their assigned duties. See 28 U.S.C. §§ 1346(b), 2671-2680.

b. **U.S. Equal Employment Opportunity Commission.** CDCE must guard against workplace discrimination, even in the selection, placement and treatment of volunteers. While Title VII of the Civil Rights Act does not specifically address volunteers, CDCE must apply this standard to ensure that fair volunteer selection and placement practices are in place to permit qualified individuals to serve on an equal basis. See Veterans Health Administration (VHA) Directive 1124, Equal Employment Opportunity, dated August 12, 2021.

c. **Conflict of Interest Requirements.** VA volunteers must comply with the same standards of business ethics, honesty and integrity as required by VA-compensated employees. See 5 C.F.R. part 2635 and 18 U.S.C. § 201-209.

d. **Fair Labor Standards Acts.** VA medical facility CDCE Program Managers must ensure that volunteers are not serving in employee roles. See 5 C.F.R. part 551.

e. **Child Labor Law.** VA medical facility CDCE Program Managers must consider appropriate assignments for the placement of children, youth and minor-age students in accordance with 29 C.F.R. part 570.

f. **Internal Revenue Service.** VA medical facility CDCE Program Managers should make volunteers aware of Internal Revenue Service (IRS) guidance regarding allowable IRS deductions for out-of-pocket expenses incurred during performance of their volunteer assignments. IRS has specific guidance for tax deductibility to charitable organizations (see IRS Publication 526: Charitable Contributions).

g. **Volunteers for Children Act.** This Act (P.L. 105-251) authorizes the request of a fingerprint-based criminal history check to screen potential or current volunteers that provide care, treatment, education and other activities for children, the elderly or individuals with disabilities.

h. **Americans With Disabilities Act/Americans with Disabilities Act Amendments Act.** While the law does not specifically address volunteers, VA medical facility CDCE Program Managers must apply this standard to the selection and

placement of volunteers to ensure that individuals are given an equal opportunity to serve, improper interview questions are avoided, and necessary accommodations are provided. See 42 U.S.C. § 12101.

i. **Emergency Medical Treatment.** VA medical facility CDCE Program Managers ensure that all volunteers are educated to know how to respond to individuals who request or seek emergency medical treatment in a VA medical facility, in accordance with 38 U.S.C. § 1784A.

j. **The Health Insurance Portability and Accountability Act.** VA medical facility CDCE Program Managers ensure that all volunteers are educated to understand how the Health Insurance Portability and Accountability Act affects their duties and their obligation to protect patient privacy. **NOTE:** *Volunteers are also subject to the provisions of the Privacy Act of 1974. See paragraph 7.a. in the body of this directive.*

k. **Volunteer Protection Act of 1997.** CDCE determines those volunteers who are covered under this Act, stipulating that volunteers are performing services without expectation of compensation, receive reasonable considerations such as lunch or parking and that these considerations total no more \$500 per year in value for the volunteer to qualify for this protection under the law. There are also limitations on liability for volunteers. See 42 U.S.C. chapter 139. **NOTE:** *Many VA volunteers may not qualify based on the frequency of their service and subsequent value of meals provided.*

l. **Patient Rights.** VA medical facility CDCE Program Managers ensure that all volunteers are oriented and kept current regarding patient rights, given clear expectations regarding their engagement with patients and provided appropriate VA officials to contact if patients have questions or issues regarding their experience in VA. See 38 C.F.R. § 17.33.

m. **Injury Compensation Benefits.** All VA volunteers, both regularly scheduled and occasional, are considered employees for compensation benefits provided under the injury compensation laws at 5 U.S.C. chapter 81. All volunteers who are injured in the course of their assigned duties are entitled to medical services authorized by the statute and the Office of Workers' Compensation Programs. **NOTE:** *For further information, see VA Directive 5810, VA Workers Compensation Program, dated September 1, 2021, and VHA Directive 1609, Workers' Compensation Program Management, dated April 5, 2022..*

MANAGING VOLUNTEER TRANSPORTATION NETWORK DRIVERS

1. DRIVER VERIFICATION

a. All State driver's licenses must be verified through the Department of Transportation (DOT), National Highway Traffic Safety Administration, National Driver Register or an equivalent State program.

b. State driver's licenses and driving records must be reviewed by authorized staff at the Department of Veterans Affairs (VA) medical facility, as determined locally, for all new drivers. Driving records exhibiting an at-fault accident or moving violation must prompt a review of driver suitability for the transport of patients. Drivers may be limited or prohibited from transporting patients based on driving record or license status.

c. Driver's licenses and driving records must be reviewed and verified annually. In the case of a Veterans Health Administration (VHA) transportation accident the driving record must be reviewed at the time of the accident even if the annual review has already been completed.

d. In order to ensure employee, public and patient safety, VA Handbook 5019, Employee Occupational Health Service, Part II, Appendix A, dated August 3, 2017, requires that all those who drive a vehicle for VA be medically evaluated. The level of evaluation will be based on legal and regulatory requirements (e.g., the size of vehicle, number of passengers, length of time on the road and other applicable job factors. As required by the United States Equal Employment Opportunity Commission, medical conditions of the employee-driver (and for the purposes of this directive, a VA volunteer driver) will be evaluated on a case-by-case basis to determine, in the employee occupational health provider's opinion, if the employee can safely perform the driving duties required of the job.

2. RESTRICTIONS FOR VOLUNTEER DRIVERS

a. Personal protective equipment, spill kits and training in their appropriate use must be provided to drivers to ensure they are adequately prepared to address exposure to biological fluids.

b. Volunteer drivers must practice safe driving procedures while operating government-owned vehicles, take the most direct route(s) to the destination and must neither transport any unauthorized passengers nor drive while impaired (e.g., by drugs or alcohol). The Volunteer Transportation Network vehicle driver must adhere to the following rules and regulations:

(1) The driver may not lift or medically attend to any patient. Wheelchairs and gaseous oxygen tanks will not be transported.

(2) The driver is only permitted to stop the vehicle for rest stops or emergencies and to pick-up and discharge passengers. Passengers may not request the driver to make side trips to take care of their personal business.

(3) Passengers are not permitted to smoke, chew tobacco, drink alcohol, transport alcohol or illegal substances or weapons or use foul language in the vehicle. Furthermore, the driver may not provide transportation to any passenger who is intoxicated, abusive or poses a threat to the driver or other passengers in the vehicle.

(4) Passengers must not engage in any activity that will distract the driver's attention.

(5) Passengers must wear seat belts at all times. Any passenger refusing to fasten their seatbelt will be denied transportation on the vehicle. If a passenger is medically prohibited from wearing a seat belt, an exemption statement must be carried at all times and provided to the driver.

(6) All trash must be placed in the proper trash receptacle.

(7) Patients being discharged or granted passes may be transported in a vehicle during the vehicle's trip back to their location of origin only if space is available. The patient must be ready to leave when the vehicle departs the VA medical facility.

(8) The driver may refuse to transport any passenger who they feel is too ill to ride in the vehicle, or the driver may request a written statement from a VA physician stating it is medically safe for the Veteran to travel.

(9) The driver must comply with requirements governing transfer of clinical specimens stated in VHA Directive 1695, Veterans Transportation Services, dated September 18, 2019.

(10) Veterans are permitted to be escorted by a caregiver or a service animal per VHA Directive 1188(1), Animals on Veterans Health Administration (VHA) Property, dated August 26, 2015, with documentation from the Veteran's health care provider.