VA

U.S. Department of Veterans Affairs

Veterans Health Administration
Corporal Michael J. Crescenz VA Medical Center

Volunteer Interview and Information

Group volunteer interviews are scheduled monthly. You will be interviewed in a group setting along with learning more about volunteer opportunities available at the medical center, the process, guidelines, etc. so you can make an informed decision if you wish to continue with the process.

This session will give you an opportunity to see if our opportunities match your availability and skill set.

We have many high-demand volunteer opportunities (such as the emergency department and physical therapy). We may not have openings in specific areas that you are seeking and therefore, you may be placed on a wait list.

This Interview/Information session last 3 hours and you are required to attend the whole session.

COLLEGE STUDENTS: If your application is approved, the onboarding process is scheduled September/October, January/February, April/May* *(*if in area during the summer)*

Application Checklist

Please make sure you have all of the following original paperwork completed before mailing (or e-mailing) your application. If any forms are missing or incomplete, this will delay processing your application. You are welcome to scan in and e-mail your application to vhaphivisn4voluntary@va.gov but hold on to your original.

Forms to be completed

- Volunteer Application
- Form 10-7055 with addendum to application
- Reference form (2) by someone other than a family member/relative
  - References can e-mail forms or give to you
- Form 0711 – highlighted areas on page 1 and 2
- Volunteer Agreement

Department of Veterans Affairs

VOLUNTEER APPLICATION

PLEASE PRINT ALL REQUIRED INFORMATION

Application #:

Personal Information

Last Name: ______ First Name: ______ Middle Initial: ______

Address: ______ Home Telephone: ( ) ______ Work Telephone: ( ) ______

City: ______ State: ______ Zip: ______ E-mail (if none, write "None"): ______

Emergency Contact Name: ______ Relationship: ______

Address: ______ Home Telephone: ( ) ______ Work Telephone: ( ) ______

City: ______ State: ______ Zip: ______

Indicate any allergies, health conditions, or disabilities which may interfere with your ability to perform volunteer work.

______

Do you wish to declare yourself handicapped? ☐ Yes ☐ No

Volunteer/Work Experience

Are you currently employed? ☐ Yes ☐ No ☐ Retired

If yes: ☐ ***Full Time*** ☐ ***Part Time***

Occupation: ______

Employer Name and Address:

______

______

Supervisor's Name: ______

Telephone: ( ) ______

Have you previously served as a VA volunteer? ☐ Yes ☐ No

If yes, Where: ______ When: ______

Assignment: ______

Previous Volunteer Experience (Agency Name, Address, City, State, Zip)

______

______ Telephone: ( ) ______

Previous Volunteer Experience (Agency Name, Address, City, State, Zip)

______

______ Telephone: ( ) ______

Highest Grade of Education Completed: ______

High School Applicants Only

Name of Parent or Legal Guardian:

______

Address: ______

City: ______ State: ______ Zip: ______

Home Telephone: ( ) ______

Work Telephone: ( ) ______

Are you receiving school credit for your volunteer work?

☐ Yes ☐ No

How many hours do you need to complete?

______ hours by ______ (date)

School Counselor Name:

______

Work Telephone: ( ) ______

High School: ______

Year of Graduation: ______

References

There are two reference forms included with this application. Both forms must be completed, (excluding relatives) and returned to Voluntary Service before your application can be processed.

Additional Information

Are you now under charges for any violation of law? ☐ Yes ☐ No

If yes, please provide the following information:

Date of occurrence: ______

Place of occurrence: ______

Violation: ______

______

Name and address of police department or court involved:

______

______

During the last 5 years, were you fired from any job or dismissed from a volunteer assignment for any reason? ☐ Yes ☐ No

Did you quit after being told that you would be fired? ☐ Yes ☐ No

Did you leave by mutual agreement due to specific issues? ☐ Yes ☐ No

If "yes," please provide the following:

Name and Address of Employer/Volunteer Agency:

______

______ Date of occurrence: ______

An explanation of the problem and reason for leaving:

______

______

Department of Veterans Affairs

VOLUNTEER APPLICATION

PLEASE PRINT ALL REQUIRED INFORMATION

Reasons for Volunteering at CMCVAMC

____

____

____

____

____

____

Assignment Interest(s):

❑ Clinical Assignment ❑ Clerical Assignment ❑ Community Assignment

Interests and Skills:

____

____

____

____

____

____

Certification

After completing application, please read carefully and sign.

The information requested on this form is solicited under authority of Title 38, section 213, United States Code, "Veterans' Benefits," and will be used to assist the recording of your Voluntary Service hours for the Department of Veterans Affairs. However, failure to furnish the information will result in our inability to maintain proper records for your volunteer service. Failure to furnish this information will have no adverse effect on any other benefit to which you may be entitled. By becoming a CMCVAMC volunteer, I give consent for my picture to be taken during special events or during my assignments to promote VAVS

I hereby waive all claims to monetary benefits for services rendered a volunteer worker on a "without compensation basis."
I understand that this waiver applies only to compensation for specific services rendered in the Voluntary Service Program and has no relation to any compensation for other services or benefits to which I may be entitled.

My signature below indicates that I have read, understood, and consented to the above statements. This authorization or photocopy shall serve as consent for the Medical Center to request any information concerning my application.

______________________________ ______________

Signature Date

______________________________ ______________

Parent/Legal Guardian Signature (required if the volunteer is under 18 years of age) Date

U.S. Department of Veterans Affairs

OMB Number 2900-0090
Estimated Average: 15 min.

APPLICATION FOR VOLUNTARY SERVICE

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 15 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. The form is used to assist personnel of both voluntary organizations, which recruit volunteers from their membership, and the VA in the selection, screening and placement of volunteers in the nationwide VA Voluntary Service program. The volunteer program supplements the medical care and treatment of Veteran patients in all VA facilities.

PRIVACY ACT INFORMATION: The information requested on this form is solicited under the authority of 38 U.S.C. 7405(a)(1)(D) and will be used in the selection and placement of potential volunteers in the VA Voluntary Service Program. The information you supply may be disclosed outside VA as permitted by law; possible disclosures include those described in the 'routine uses' identified in the VA system of records 57VA135 Voluntary Service Records-VA, published in the Federal Register in accordance with the Privacy Act of 1974. The routine uses include disclosures: in response to court subpoenas, to report apparent law violations to other Federal, State or local agencies charged with law enforcement responsibilities, to service organizations, employers and Unemployment Compensation Offices to confirm volunteer service, and to congressional offices at the request of the volunteer. Disclosure of the information is voluntary, however, failure to furnish the information will hamper our ability to arrange the most satisfactory assignment for you and the Department of Veterans Affairs.

NAME (Last, First, Middle Initial)

ADDRESS (Street, City, State and Zip Code)

DATE

DATE OF BIRTH

TELEPHONE NUMBER

E-MAIL ADDRESS

SEX ☐ M ☐ F

ORGANIZATION MEMBERSHIP(S) (Unit, Post, Chapter, if Affiliated)

ASSIGNMENT PREFERENCES

1.
2.
3.

EXPERIENCE AND TRAINING (Special Skills/Abilities)

RESTRICTIONS, LIMITATIONS OF SERVICE (Health Concerns, Medications, Allergies, etc.)

AVAILABILITY (Days and Times)

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

Monetary Waiver: I hereby waive all claims to monetary benefits for services rendered as a volunteer worker on a "without compensation basis" for an indefinite period. I understand that this waiver applies only to remuneration (compensation) for specific services rendered in the VA Voluntary Service (VAVS) Program and is not related to any other VA services or benefits to which I may be entitled. (**NOTE:** VA has entered into this agreement by the authority of 38 U.S.C. 7405(a)(1)(D). This agreement may be canceled by either party upon written notice.) I hereby accept the volunteer appointment(s) as outlined above.

Volunteer Signature

Date

I hereby appoint this applicant as a VA without-compensation employee subject to the provisions on this application. The above individual has been provided basic and assignment specific orientations which have been documented in the official volunteer folder located in the VA Voluntary Service Office.

VAVS Program Manager - Appointing Official Signature

Date

OFFICE USE ONLY

1. SUPERVISOR
2. SUPERVISOR PHONE NUMBER
3. ORIENTATIONS
4. UNIFORM

COMMENTS

NAME AND TITLE OF REVIEWER

DATE

VA |

U.S. Department of Veterans Affairs

Veterans Health Administration
Corporal Michael J. Crescenz VA Medical Center

Addendum to VA Volunteer Application

All Adult Volunteers (18 years old and older):
If accepted, I agree to adhere to the policies and procedures of this VA healthcare facility and to respect the confidentiality of information pertaining to the patients and their treatment. Our employees, patients, and volunteers come from diverse backgrounds. Eligible veterans are entitled to services offered by VA, even if they have problematic incidents in their past – unless the law specifically disqualifies them. Our job is to provide veterans care and to protect our employees, patients, and volunteers as that care is provided. If a patient, staff member, volunteer and/or visitor is abusive, makes inappropriate gestures, advances, or conversation, that is in a manner which makes me feel uncomfortable, I will immediately inform my supervisor and a VAVS staff member.

Name (please print): ______________________________

Signature: ______________________________

Date: ______________________________

Note: Completion of this application does not guarantee acceptance into this program.

U.S. Department of Veterans Affairs

Veterans Health Administration
Corporal Michael J. Crescenz VA Medical Center

I agree to the following:

1. I will not use any confidential information for myself at any time, whether during or after volunteer time. I will not disclose any confidential information to any other person or entity at any time, whether during or after my volunteer time. While I am volunteering, I will use confidential information only as authorized by the hospital for the performance of my volunteer assignment.

   "Confidential Information" includes, without limitation, (a) all technical, business or financial information about the hospital that has not been made available by the hospital to the general public, (b) all private or personal information about patients, physicians, medical staff and employees, (c) all medical or patient records, (d) all trade secrets, and (e) all other private or proprietary information of or about the hospital or its patients, physicians, medical staff and employees. "Hospital" includes Corporal Michael J. Crescenz VA Medical Center and any of its affiliates.
2. I will become familiar with all hospital policies and procedures and comply with them.
3. I will donate my services to the hospital without contemplation and compensation of future employment. I acknowledge that I will be a volunteer, not an employee, of the hospital.
4. I will be punctual and conscientious, conduct myself with dignity, courtesy, and consideration of others, and endeavor to make my work professional in quality.
5. I will not take photos of any kind in the hospital, Community Living Center, or community-based outpatient clinics. This includes photos via cell phone.
6. I will furnish and maintain an appropriate uniform and maintain a well-groomed appearance during my volunteer time.
7. I will attend orientation and in-service training(s) as scheduled to the best of my ability.
8. I will carry out assignments as outlined in my assignment guide and seek the assistance of the department supervisor when necessary.
9. I will report any problems, criticism or suggestions to my department supervisor or Voluntary Service.
10. I will work a specified number of hours as required by the hospital on a schedule acceptable to the hospital and me.
11. I will adhere to the hospital's sign-in procedures.
12. I will notify the volunteer office and my department supervisor if I am unable to volunteer as scheduled and will find a substitute according to the guidelines in my assignment guide.
13. I will honor a minimum 6 month commitment (or serve 100 hours) as an adult volunteer or college student volunteer.
14. I will furnish and maintain medical and hospitalization insurance to protect myself throughout my volunteer time.
15. I agree that my placement may be terminated by the hospital at any time with or without reason, in the hospital's sole discretion. I may voluntarily terminate my placement at any time by written notice to the Chief, Voluntary Service.
16. I agree that the hospital may condition commencement of my placement upon my taking and passing a pre-placement medical examination (if necessary) satisfactory to the hospital.

I have read and understand each of the above conditions, and I am signing this agreement with the intent to be legally bound..

Volunteer Name (please print): ____ Date: _____/_____/_________

Volunteer Signature: ____ Date: _____/_____/_________

I give my permission for any necessary treatment to be given in the event of illness or injury.

Parent/Guardian Signature: ________________________________ Date: _____/_____/_________

(For volunteers under 18 years of age)

Department of Veterans Affairs

VOLUNTEER REFERENCE FORM

Volunteer: Please complete sections 1 and 2.
Reference: Please complete section 3.

1 I, ______________________ give my permission to Voluntary Service at the Corporal Michael J. Crescenz Veterans Affairs Medical Center to contact the person named below regarding the reference provided. I understand that the information can be used to determine my placement as a volunteer.

Signature: ______________________ Date: __________

2 Reference Information

Name of Reference: ______________________ Relation to Applicant: __________

3 Reference

Telephone Number of Reference: __________ Are you familiar with the applicant's work habits? Yes ☐ No ☐

How long have you known the applicant? ______ Years ______ Months

In what capacity? ______________________ ☐Work ☐School ☐Other __________

Please check the appropriate columns:

	Below Average	Average	Above Average	Have not observed
Quality of work	☐	☐	☐	☐
Quantity of work	☐	☐	☐	☐
Knowledge and Skills	☐	☐	☐	☐
Dependability/Attendance	☐	☐	☐	☐
Relationship with others	☐	☐	☐	☐
Acceptance of Supervision	☐	☐	☐	☐
Originality	☐	☐	☐	☐

In your opinion, would this person work well as a volunteer at the Corporal Michael J. Crescenz VA Medical Center?

☐ Yes ☐ No

Do you recommend this individual for a volunteer assignment at the Corporal Michael J. Crescenz VA Medical Center?

☐ Yes ☐ No

To the best of your knowledge, has this applicant ever been involved in any criminal activity?

☐ Yes ☐ No

______________________ __________

Signature of Reference Date

Please return form to:
Corporal Michael J. Crescenz VA Medical Center Voluntary Service (135)
3900 Woodland Avenue
Philadelphia, PA 19104
or vhaphivisn4voluntary@va.gov

For Official Use Only

Date Received in Voluntary Service Office: __________ Voluntary Staff Signature: __________

Comments: ______________________

Department of Veterans Affairs

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Relationship with others	☐	☐	☐	☐
Acceptance of Supervision	☐	☐	☐	☐
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