

# Birmingham Medical Center Summer Youth Volunteer Program

## ESSAY REQUIREMENTS

You are required to submit answers to the following questions with your application:

1. What does volunteering mean to you and what do you hope to gain from the volunteering experience at The Birmingham VA Medical Center?
2. What Does Patriotism and Veterans Mean to You?

There is no minimum word count but please no longer than 250 words. You may attach on a separate document, or email the answers with your application.

Department of  
Veterans Affairs



## Summer Youth Volunteer Program Application

The information requested on this form is solicited under authority of Title 38, Section 213, United States Code, and will be used to record your Voluntary Service hours. It will not be used for any other purpose. Disclosure is voluntary. However, failure to furnish the information will result in our inability to maintain proper records of your Voluntary Service participation.

Today's Date: \_\_\_\_\_

### NAME:

|       |        |                 |                         |
|-------|--------|-----------------|-------------------------|
| Last: | First: | Middle Initial: | Nickname/Preferred Name |
|-------|--------|-----------------|-------------------------|

### ADDRESS:

|         |       |        |
|---------|-------|--------|
| Street: | City: | State: |
|---------|-------|--------|

|           |         |            |
|-----------|---------|------------|
| Zip Code: | Gender: | Birthdate: |
|-----------|---------|------------|

### Telephone Number:

|       |            |
|-------|------------|
| Home: | Alternate: |
|-------|------------|

### IN CASE OF EMERGENCY (2 references must be provided):

|         |         |               |
|---------|---------|---------------|
| Name 1: | Number: | Relationship: |
| Name 2: | Number: | Relationship: |

|                 |                      |
|-----------------|----------------------|
| Current School: | Grade Point Average: |
|-----------------|----------------------|

|                        |                            |
|------------------------|----------------------------|
| School Counselor Name: | Counselor number or email: |
|------------------------|----------------------------|

**Type of School/Church/Community activities, hobbies, sports you are participating in:**

**Health Concerns:** (medications, allergies, etc.)

**What are your future career interests?**

**Assignment Preference (see bottom of this message):**

(Please list department you would like to work in according to preference.)

|           |           |           |
|-----------|-----------|-----------|
| <b>1:</b> | <b>2:</b> | <b>3:</b> |
|-----------|-----------|-----------|

**Please provide all VA: staff member, volunteer, or friend who is associated with this facility or VA clinic that you know.**

| Name | Relationship |
|------|--------------|
|      |              |

**Patient Confidentiality**

As VA volunteers, it is our responsibility to protect the confidentiality of all patient information. This includes all volunteers and not only those who provide actual patient care or maintain medical records. Any patient information, from any source, must be kept confidential by all volunteers. Our patients have a legal right to privacy, and we have a legal and moral responsibility to protect that right.

The Privacy Act and other Federal statutes provide penalty and fine provisions for the knowing and willful misuse or disclosure of confidential information to any person or agency not entitled to receive it.

**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., Section 513. This agreement may be canceled by either party upon written notice.)

\_\_\_\_\_  
Volunteer’s signature

\_\_\_\_\_  
Date

**STUDENT VOLUNTEER:** If accepted, I agree to adhere to the policies and procedures of VAMC Birmingham, Alabama and to respect the confidentiality of information pertaining to the patients and their treatment. I am aware that I am expected to complete the program (with the exception of taking up to one week’s vacation) and I understand the program is held from **June 13, 2024**, through **July 29, 2024**.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PARENT/GUARDIAN:** The above-named student has my consent as parent/guardian to serve as a Student Volunteer at Birmingham VA Medical Center. I will provide transportation to and from the work site for my child. I feel that he/she is physically and mentally fit to fulfill his/her duties and has my permission to receive diagnosis or emergent care if injured during their assignment.

I have read the above agreement as signed by the student and understand their obligation to Birmingham VA Medical Center if they are accepted into the Student Volunteer Program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Accepted students will receive confirmation by May 10, 2024.**

Email completed application to [VHABIRVoluntaryService@va.gov](mailto:VHABIRVoluntaryService@va.gov) or mail to:

**VA Medical Center  
c/o Voluntary Service 135  
700 South 19<sup>th</sup> Street  
Birmingham, AL 35233**

**Completion of this application is not a guarantee of acceptance into the program.**

| SERVICE              | # vols requested | General duties  |
|----------------------|------------------|---|
| Prosthetics          | 1                | Reminder calls, office, pack/ship   |
| Huntsville Clinic    | 3                | Make photocopies, sort mail/ papers, stock office supplies, greet Veterans (Youth               |
| Patient Care Service | 2                | This person would be used on occasion as a runner.  |
| PMRS Annex           | 2                | Filing, organizational tasks, walking patients to check out                                     |
| Voluntary            | 2                | runner, walking patient to EHU and Fingerprints   |
| Nutrition & Food     | 4                | Cleaning and organizing, stocking food and non-food items,                                      |
| Medicine             | 2                | volunteers would be able to assist with this from a script.                                     |
| Podiatry             | 2                | folding letters, and possible assist with travel ,or helping patients to the clinic destination |
|                      | 18               | <- total openings   |