

VETERANS AFFAIRS VOLUNTARY SERVICES

PALO ALTO: (650) 858-3903 ♦ MENLO PARK: (650) 617-2753

♦ LIVERMORE: (925) 449-6448 ♦

SAN JOSE: (650) 665-3565 ♦ MONTEREY: (650) 665-3565

VOLUNTEER CHECKLIST

NAME (PLEASE PRINT): _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME INITIAL)

1. VOLUNTARY SERVICE

Volunteer Application Completed

Voluntary Staff Signature: _____

2. USING SERVICE

Department/Service/Assignment

Computer Access (Circle): NETWORK | OUTLOOK | VISTA

If VISTA access, please list menus needed:

Supervisor Name (Printed)

Supervisor Signature

Ext.

CONTACT YOUR VOLUNTARY SERVICE DEPARTMENT BEFORE PROCEEDING TO NEXT STEPS BELOW

3. VISTA REGISTRATION

Admitting & Eligibility / Voluntary

Staff Signature: _____

4. FINGERPRINTING ***MUST BRING GOVERNMENT ISSUED PHOTO ID (PASSPORT, DRIVER'S LICENSE, SCHOOL ID, ETC.)

Days/Times:

Voluntary Service Office

Mondays – Fridays

8AM – 2:30PM

Date Fingerprinted: _____

VA-CABS Entry: _____

Voluntary Staff Signature: _____

Date Cleared: _____

5. QUANTIFERON BLOOD TEST ***MUST BRING GOVT. ISSUED PHOTO ID & KNOW YOUR SOCIAL SECURITY NUMBER

Location: Blood Draw Lab

Date Test Ordered: _____

Days: **Mondays – Thursdays**

Date Cleared: _____

6. ONLINE ORIENTATION

Date Completed: _____

Voluntary Specialist Signature: _____

Staff Use Only

TMS Given? YES N/A ♦ Date TMS Completed: _____ ♦ Date of Access: _____

Date Entered Into VSS: _____ Reactivation: _____ Circle One: FLASH or NON-PIV

Volunteer Code: _____ 3 Hours for Training Voluntary Sponsor Signature: _____

PIV ID#: _____ Date Sponsored: _____ Date Badge Email Sent: _____

VA VOLUNTEER SERVICES

Youth Volunteer Acknowledgement and Consent

STUDENT VOLUNTEER: If accepted, I agree to adhere to the policies and procedures of this VA Palo Alto Health Care Systems (VAPAHCS) and to respect the confidentiality of information pertaining to the patients and their treatment. 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 or a VAVS staff member.

NOTE TO STUDENTS AND PARENTS: The VAPAHCS is on federal property and, as such, must be open to the public. Our employees, patients, and volunteers come from diverse backgrounds. Eligible Veterans are entitled to services offered by VA, even if they have had problematic incidents in their past - unless the law specifically disqualifies them. Our job is to provide care to Veterans and to protect our employees, patients, and volunteers as that care is provided.

ATTENTION: With some volunteer positions at VAPAHCS, volunteers may unlikely be exposed to biological organisms including, but not limited to, flu strains, meningitis, hepatitis, HIV, measles, etc. Also, while attending rotations, or when assisting staff, situations may arise including exposure to uncomfortable or triggering episodes of patient nudity, along with sight, sounds, and smells of bodily functions and stressful human conditions that some may find uncomfortable or inappropriate.

PARENT/GUARDIAN: The above-named student has my consent as parent/guardian to serve as a Student Volunteer in this VA Palo Alto Health Care Systems. I have read the above agreement as signed by my student and understand their obligation to the program, if they are accepted into the VAVS Student Volunteer Program. I also grant permission for my child to receive emergency medical treatment.

Youth Signature: _____ Parent Signature: _____

Printed Name: _____ Printed Name: _____

Date: _____

Date: _____

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

VA-CABS FINGER PRINT SUBJECT PROFILE POSITION QUESTIONNAIRE

DATE:	APPT TIME:	WALK-IN TIME:	COURTSEY PRINT:	SON:	SOI:
	N/A	N/A	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	N/A	N/A
COMPLETE LEGAL NAME:					
Last Name		First Name		Middle Name or NMN	
DATE OF BIRTH:			SOCIAL SECURITY NUMBER:		
Month	Day	Year	First 3	Middle 2	Last 4
COUNTRY OF BIRTH:		STATE OF BIRTH:		CITY OF BIRTH:	
ALIEN RESISTRATION #:		NATURALIZATION CERT #:			
CITIZENSHIP COUNTRY:		PASSPORT #:		DUAL CITIZEN:	
				YES: <input type="checkbox"/> NO: <input type="checkbox"/>	
GENDER: MALE: <input type="checkbox"/> FEMALE: <input type="checkbox"/>					
RACE (check one):			HEIGHT:		
<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Unknown					
					Feet Inches
			WEIGHT:		
					Lbs (pounds)
EYES (check one):			HAIR (check one):		
<input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel			<input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> None <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White		
PERSONAL E-MAIL ADDRESS:					
WORK PHONE:		HOME PHONE:		MOBILE:	
()		()		()	
ORGANIZATION:		EMPLOYEE TYPE:			
<input type="checkbox"/> VACO <input type="checkbox"/> NCA <input checked="" type="checkbox"/> VISN# <u> 21 </u> <input type="checkbox"/> VBA		<input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Health Profession Trainee <input checked="" type="checkbox"/> Volunteer <input type="checkbox"/> Affiliate (Fee basis) <input type="checkbox"/> Affiliate (Without Compensation) <input type="checkbox"/> Veteran Service Organization <input type="checkbox"/> Inter-Agency Detailee			
JOB SERIES <small>(employees)</small>		N/A		SON: 1440	
POSITION TITLE:		N/A			
POSITION SENSITIVITY:		N/A			
WORK E-MAIL ADDRESS:		N/A			
CONTRACT COMPANY NAME: <small>(contractor's only)</small>		N/A			
SUPERVISOR'S NAME:		N/A			
DUTY STATION PHYSICAL STREET ADDRESS: N/A					
N/A		N/A			
City:		State:		Zip Code:	
TIME FINGERPRINT STARTED: N/A			TIME FINGERPRINT ENDED: N/A		
REGISTRAR'S INITIALS: N/A					