

Charlie Norwood VA Medical Center Volunteer Application Packet

Instructions:

**** Prior to beginning this Application Packet please download the Volunteer Handbook from: http://www.augusta.va.gov/AUGUSTA/Documents/CNVAMC_Volunteer_Handbook.pdf**

You will need to read the handbook prior to completing the volunteer orientation test.

- 1) Please fill in the volunteer application (VA FROM 10-7055) (Page 1 & 2, if applicable).**
- 2) Read the Statement of Commitment and Understanding (Page 3).**
- 3) Complete the volunteer orientation test (Page 4, 5 & 6).**
(This step is optional at this time. You may print this packet and complete the test by hand at a later time. However, this orientation test should be completed **prior** to delivering your application packet to Voluntary Services.)
- 4) Print this packet** (This form cannot be saved as a completed application. It must be printed or all entered information will be lost).
- 5) Sign and date the Application, Statement of Commitment and Understanding, and Orientation test.**
- 6) Deliver this entire packet to the Uptown Division of the Charlie Norwood VA Medical Center (mail or in person):**

**CNVAMC
Voluntary Service (119U)
1 Freedom Way
Augusta, GA 30904**

***If you plan to bring your paperwork in, rather than mail, please call 706-731-7208 and schedule an appointment.**



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. 513 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 57VA 125 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
<input type="text"/>		<input type="text"/>		<input type="text"/>
Telephone Number	Email Address (Optional)			Date of Birth
<input type="text"/>	<input type="text"/>			<input type="text"/>
ORGANIZATION MEMBERSHIP(S) Unit, Post, Chapter, if affiliated)		ASSIGNMENT PREFERENCES		
<input type="text"/>		1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>
EXPERIENCE AND TRAINING (special skills/abilities)				
<input type="text"/>				
RESTRICTIONS, LIMITATIONS OF SERVICE (Health concerns, medications, allergies,			AVAILABILITY (Days and times)	
<input type="text"/>			<input type="text"/>	
IN CASE OF EMERGENCY PLEASE CONTACT (name, relationship, phone number)				
<input type="text"/>				

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.) I hereby accept the volunteer appointment(s) as outlined above.

Volunteer's 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE TO STUDENTS AND PARENTS: The VA medical center is a federal building, 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 veterans care and to protect our employees, patients and volunteers as that care is provided.

STUDENT VOLUNTEER: If accepted, I agree to adhere to the policies and procedures of this VA health care facility 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.

Signature _____ Date

PARENT/GUARDIAN: The above named student has my consent as parent/guardian to serve as a Student Volunteer in this VA healthcare system. 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 if injured while volunteering.

Signature _____ Date

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

Statement of Commitment and Understanding

As a volunteer of the Department of Veterans Affairs (VA), I am committed to safeguarding the personal information that Veterans and their families have entrusted to the Department. I am also committed to safeguarding the personal information which VA employees and applicants have provided.

To ensure that I understand my obligations and responsibilities in handling the personal information of Veterans and their families, I know that I should contact my local Privacy Officer, Freedom of Information Act Officer, Information Security Officer, Regional or General Counsel representative when I am unsure whether or how I may gather or create, maintain, use, disclose or dispose of information about Veterans, their families, VA employees, and applicants.

I further understand that if I fail to comply with applicable confidentiality statutes and regulations, I may be subject to civil and criminal penalties, including fines and imprisonment. I recognize that VA may also impose administrative sanctions, up to and including removal for violation of applicable confidentiality and security statutes, regulations and policies.

I certify that I fully understand all that is outlined above and I am committed to safeguarding personal information regarding Veterans, their families, VA employees, and applicants.

Printed Name

Volunteer Signature

Date

New Volunteer Orientation Test.

This test is to be taken after you read the Volunteer Handbook. A score of 100% is necessary for appointment as a WOC.

1) The mission of the Charlie Norwood VA Medical Center is to serve our Veterans with care, compassion, and commitment:

True False

2) VA Volunteers help our Veterans feel at ease and their service makes a difference in how our Veterans feel about their care:

True False

3) The VA Fire and VA Police emergency telephone numbers are:

- DD 2777 / 2888; UD 7777 / 7888
- DD 27777 / 28888; UD 77777 / 78888
- DD 2377 / 2588; UD 7177 / 7588
- DD 23777 / 25888; UD 71777 / 75888

4) Safety is not everyone's business.

True False

5) All volunteers are on probation until they have completed at least 20 hours and 30 days of service and will not receive a meal ticket while on probation.

True False

6) Anyone can distribute or bring into CNVAMC any item for handout or gifts without specific permission from the Voluntary Service office.

True False

7) Volunteers are treated as employees for purposes of accidents and injury occurring during official, regularly scheduled volunteers' duties:

True False

8) It is acceptable to take photographs of patients without their express written permission:

True False

9) Women who served in the military are Veterans:

True False

10) Use alcohol based hand rub for routine hand hygiene before and after patient contacts:

True False

11) Only a few volunteers work under the supervision of a staff member:

True False

12) As a volunteer you need not sign in every single day you volunteer:

True False

13) Volunteer uniforms are not required however, all volunteers must wear their VA ID badge:

True False

14) Should you learn confidential information about a patient in our care you are allowed to share that information with other patients:

True False

15) If you feel you have been the object of either verbal/physical harassment you should immediately tell as many volunteers as possible in an effort to protect them:

True False

16) HIPAA stands for:

- Health Information Protection Access and Accountability Act.
- Health Insurance Provider Alert and Access Act.
- Health Insurance Portability and Accountability Act.
- Health Information Provider Alert and Access Act.

17) Respecting and providing for a patient's privacy is everyone's responsibility:

- True False

18) Should you need to heat your lunch during your break, it is acceptable to leave a toaster-microwave unattended:

- True False

Print Name: _____

Signature: _____

Date: _____