2013 Summer Youth Volunteer Program
Application Instructions

Thank you for your interest in volunteering at the Charlie Norwood VA Medical Center. The program is designed to give you "real life" experience to prepare you for future challenges. We receive many student applications and accept students based on their application package, placement availability, and if the application is turned in on or before the deadline. **The deadline to turn in applications is May 10, 2013 – NO exceptions.** Students are placed on a first come, first served basis as applications are received. Students will receive their placement on or before orientation scheduled for Tuesday, June 4, 2013.

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Program Requirements:

- You must be 14 years of age on or before **May 30, 2013**
- You must commit to volunteering a minimum of 100 hours throughout the program, which runs from **June 4 – July 26, 2013**. The Student Awards Program will be **July 26, 2013**.
- You must turn in a completed application packet with appropriate signatures. Incomplete applications **WILL NOT** be considered.
- Application deadline is 4:00 pm, **May 10, 2013**.
- Applications should be turned into DD 2B101 or UD 2A191
- **Parents must attend Mandatory Orientation with student in order to participate in Youth Program.**

Check List/Instructions for Required Forms (attached):

- ☐ Complete "Application For Voluntary Service". Don't forget parent signatures on page 2!
- ☐ Complete "Parental Consent Form" (VA Form 10-0114a) Tuberculosis Skin Test **or** proof of Negative test results/chest X-ray **or** a negative results from a two step TB test administered after July 2012
- ☐ Provide copy of latest report card showing a "C" or better average
- ☐ Provide 100-word essay explaining why you would like to volunteer at the VA this summer
- ☐ Complete "Rules to Live By"
- ☐ **Privacy Training Certificate** (www.tms.va.gov) – instructions enclosed. **HINT:** The HIPAA test questions don't rotate or change.

FYI:

Student assignments are on a first come, first served basis. The summer volunteers are allowed to volunteer a maximum of two (2) days per week. No exceptions. Assignment priority is based on first in and seniority in the program.

Dates to Remember:

Tuesday	June 4, 2013	Orientation w/ Parents	9:00 am, Uptown, 3B-125
Friday	July 26, 2013	Awards Ceremony	TBA – location and time

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Questions regarding the Summer Youth Volunteer Program may be referred to Danielle Shelton, Voluntary Service Specialist at (706) 731-7208 or email: Stephanie.Shelton@va.gov

KEEP THIS TOP SHEET FOR YOUR RECORDS!!!!

Youth Volunteer Placement Form

Instructions: Fill in blanks and circle where appropriate.

Name: _____

Previous years volunteering at the VA: 0 1 2 3 4

Preferred Division: DD (15th St.) or UD (Wrightsboro Rd.)

Days available: M T W TH F

Type of work or area preferred: _____

Can you swim? Yes / No

Can you lift 40 pounds? Yes / No

Volunteer Phone: _____ Email: _____

Parent Phone: _____ Email: _____

Emergency Contact and Number: _____

Note: _____

_____

For Office Use

Placement: _____

Work Days: M T W TH F

Login: _____

Application	☐	Grades	☐	HIPAA Privacy	☐
TB	☐	Rules to…	☐	Essay	☐

OMB Number 2900-0090
Estimated Average: 15 min.

Department of Veterans Affairs

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 57VA125 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
Telephone Number / Email Address (Optional)		Date of Birth
		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., 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

VA FORM MAR 2008 **10-7055** EXISTING STOCK OF VA FORM 10-7055, AUG 2006, WILL BE USED.

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 healthcare 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.

Name of Student Volunteer:

_____

STUDENT VOLUNTEERS
CHARLIE NORWOOD VA MEDICAL CENTER
Augusta, GA

PARENTAL CONSENT FORM
TUBERCULOSIS SKIN TEST

I understand that, in order for my child to volunteer at the Charlie Norwood VA Medical Center, Augusta, GA, a purified protein derivative (PPD) tuberculosis skin test is required.

I give permission for my child, _____, to have the PPD done by the VA Employee Health Office.

I have the option of furnishing proof that this procedure has been done by a private physician or health department.

_____

PARENT/GUARDIAN SIGNATURE DATE

Summer Youth Program 2013

Rules to Live By:

I am responsible for my Own Uniform.
No open toed shoes!
Shirts must be tucked in! Pants **must not** sag!
Only khaki pants – no shorts, capris, etc.
Only navy polo-type shirts!

Maximum of 2 days of work per week ONLY
Set your hours with your Supervisor!
Inform your supervisor on days you will not report to work.

Identification Badges should be worn on collar with name facing outward.

Do not call a fellow student to make break plans
or lunch plans during your working hours.

No Traveling Between Uptown and Downtown VA

Do not report to another student's work area.

Lunch is 30 minutes. Do not hang out in the Canteen area.

This is a professional environment
where Veterans come for healthcare.
IT IS A NO PLAY ZONE!

Zero Tolerance:
SMOKING IS PROHIBITED IN THE MEDICAL CENTER
and YOU are NOT of AGE.
No cell phone use allowed in your assignment area – this includes texting.
No iPods/Kindle or earplugs from any other electronic device.

Remember, you have volunteered to serve.
Do your work cheerfully and willingly.

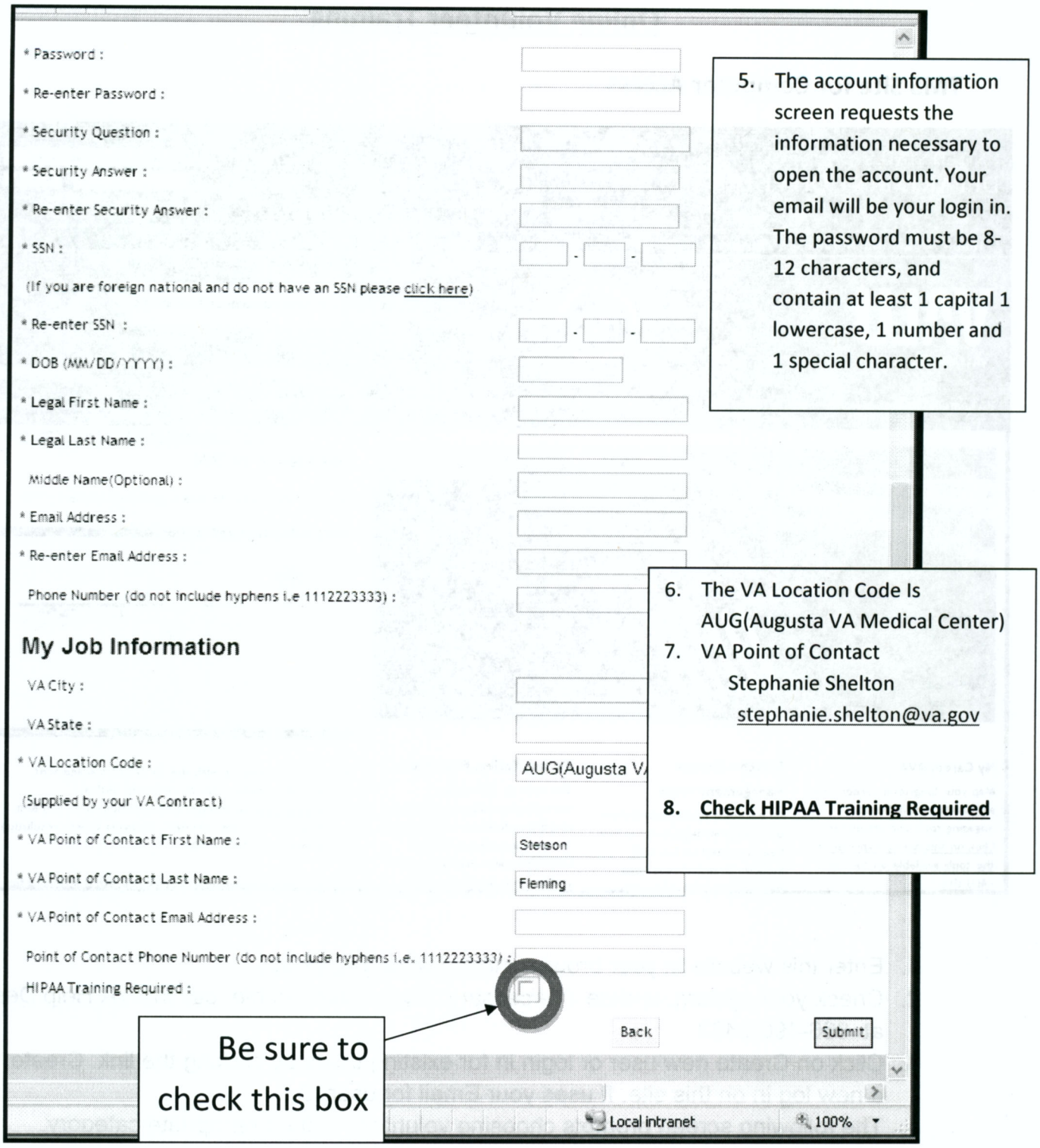
_____ _____

Parent's Signature Student Signature

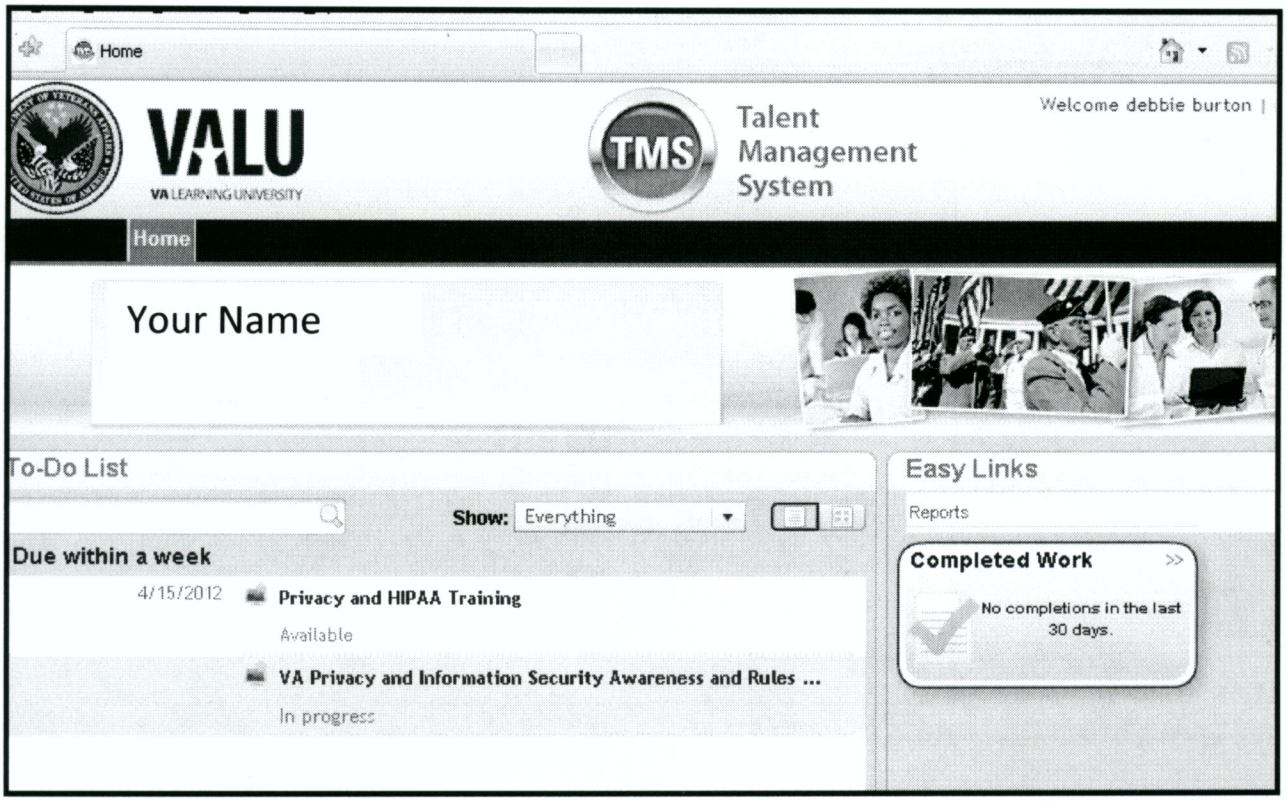
Online Volunteer Training

TMS Site for Computer Access

1. Enter this website in your browser https://www.tms.va.gov
2. Check your system, update if necessary. If you have trouble, call the VA Help Desk at 866-496-0463
3. Click on Create new user or login in for existing users by clicking the link. Create a new log in on this site. It uses your Email for user ID.
4. The following screen prompts choosing volunteer or the appropriate category.


* Password :
* Re-enter Password :
* Security Question :
* Security Answer :
* Re-enter Security Answer :
* SSN :
(If you are foreign national and do not have an SSN please click here)
* Re-enter SSN :
* DOB (MM/DD/YYYY) :
* Legal First Name :
* Legal Last Name :
Middle Name(Optional) :
* Email Address :
* Re-enter Email Address :
Phone Number (do not include hyphens i.e 1112223333) :
My Job Information
VA City :
VA State :
* VA Location Code :
AUG(Augusta VA
(Supplied by your VA Contract)
* VA Point of Contact First Name :
Stetson
* VA Point of Contact Last Name :
Fleming
* VA Point of Contact Email Address :
Point of Contact Phone Number (do not include hyphens i.e. 1112223333) :
HIPAA Training Required :
Back
Submit
Local intranet
100%
5. The account information screen requests the information necessary to open the account. Your email will be your login in. The password must be 8-12 characters, and contain at least 1 capital 1 lowercase, 1 number and 1 special character.
6. The VA Location Code Is AUG(Augusta VA Medical Center)
7. VA Point of Contact
Stephanie Shelton
stephanie.shelton@va.gov
8. Check HIPAA Training Required
Be sure to check this box

9. After your account is created, log in to take your training.



10. Everybody is required to take the take the "Privacy and HIPAA Training."
11. Print your completed certificate by returning to the TMS Home page and clicking on Completed work. Hover the mouse over the links and choose print certificate.