



**VOLUNTEER APPLICATION PROCESSING CHECKLIST
COVER SHEET**



VOLUNTEER NAME

Contact Phone/Email

**VA Boston Health Care System Volunteer Application Packet:
CHECK Box for which CAMPUS:**

Brockton *

Voluntary Services (135)
940 Belmont St.
Brockton, MA 02301
PH#: (774) 826-1135
Fax (774)-826-2048

West Roxbury*

Voluntary Services (135)
1400 VFW Parkway
West Roxbury, MA 02132
PH#: (857) 203-5135
Fax: (857)-203-5727

Jamaica Plain*

Voluntary Services (135)
150 S. Huntington Ave.
Jamaica Plain, MA 02130
PH# (857) 364-2443
Fax (857)-364-4482

**** Prior to beginning this Application Packet,
please download the Volunteer Handbook from: <http://www.boston.va.gov/giving/>**

**Deliver this entire packet to the VA Boston Hospital Campus where you are applying to volunteer.
(Email vhabhsvolunteer@VA.Gov, Mail, Fax or in person):**

Instructions:

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

Please fill in the volunteer application (VA Form 10-7055) :Sign and date

Read the Statement of Commitment and Understanding.: Sign and date

Please fill in the ID Card Request Form highlighted sections

Complete the volunteer orientation test: Sign and date

Please fill in your Name on the Memorandum: Volunteer Requirements for WOC appointment

**Deliver this entire packet to the VA Boston Hospital Campus where you are applying to volunteer
(Email vhabhsvolunteer@VA.Gov, Mail, Fax or in person):**

Customer Service

Customer Service is our most important product. We are here to serve our customers. Our primary customers are our Veteran patients. We also serve our patient's families, employees and all other visitors who conduct business in this facility.

If anyone needs help with anything, it is everyone's duty to try to find an answer, even if it's only a phone number to call or directions to a place in the facility.

The patient, family, and visitors' perception on how they are treated is a major indicator of how they rate the level of care the VA Boston Healthcare System provides to our Veterans. Volunteers are often the first ones seen when one enters the Medical Center. The manner in which you interact with each person does make a lasting impression.

Remember:

You are this Medical Center.

You are the face people see when they arrive

You are the eyes they look into when they are frightened and lonely.

Your voice is the voice people hear on their way to appointments which could affect their destinies and what they hear after they leave those appointments.

Your voice is the comments people hear when you think they cannot.

Your voice is the intelligence and caring that people hope they will find here.

If you are noisy, so is the Medical Center. If you are rude, so is the Medical Center. If you are wonderful, so is the Medical Center. All they can know is what they see, hear, feel, and experience. **YOU** are this Medical Center.



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

TELEPHONE NUMBER

E-MAIL ADDRESS

DATE OF BIRTH

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

ASSIGNMENT PREFERENCES

1. 2. 3.

SEX M F

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

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.

Print Name

Signature

Date

NOTE TO STUDENT VOLUNTEERS 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 care to Veterans 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.

Print Name

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.

Print Name

Signature

Date

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

<input type="checkbox"/> Mgr	<input type="checkbox"/> Spn	<input type="checkbox"/> Bio	<input type="checkbox"/> Reg	<input type="checkbox"/> Iss	<input type="checkbox"/> Inspect	<input type="checkbox"/> Verify	<input type="checkbox"/> Accep/PI
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ID CARD REQUEST FORM
Fill Out Highlighted Sections
PLEASE PRINT CLEARLY

Applicant Information			
Legal Name		Nickname	
Last	First,	Middle,	
DOB	SSN all volunteers must have SSN		Home Phone
Work Address		Home Address	
Name of Sponsoring Department		Title/Credentials	
Phone Number		Email Address	
Cost CTR		Mail Routing Symbol	
Signature		Date	

Sex	Race	Height	Weight	Hair	Eye	City	State	Country	US Citizen
									Y N

Official Use Below this Line*****STOP HERE !!!*****

Card Type _____
Card # _____
NACI _____
SAC _____

ID#1 _____

ID#2 _____

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 VA Boston Healthcare System is to NOT put Veterans first:
True False
- 2) VA Volunteers bring to patients a part of the outside world and a feeling of belonging, of not being isolated because of hospitalization:
True False
- 3) The fire and police emergency telephone numbers are:
333, 911
3333, 9911
3333, 5911
33333, 55911
- 4) Safety is everyone's business, practice it daily:
True False
- 5) Code Blue refers to a Fire Emergency:
True False
- 6) Code Yellow refers to a Missing Patient:
True False
- 7) Volunteers are treated as employees for purposes of accidents and injury occurring during official, regularly scheduled volunteer's duties:
True False
- 8) Eating, drinking, smoking, applying cosmetics / lip balm, handling contact lenses is permitted where there is a likelihood of exposure to blood / body fluids:
True False
- 9) Food and drink shall not be kept in refrigerators, freezers, counter-tops, shelves where blood/body fluids may be present:
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

New Volunteer Orientation Test

- 13) Volunteer uniforms are not required however, all volunteers must wear their VAID 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: _____

The following pages will be completed by VA Staff if you are accepted into this program.
Please print this entire packet and deliver to VA Boston Voluntary Services.



**DEPARTMENT OF VETERANS AFFAIRS
MEMORANDUM**

DATE:

SUBJECT: Volunteer requirements for WOC appointment

FROM: Voluntary Service (135)

**TO: Occupational Health
Personnel Security
Human Resources**

Please be advised the following individual is seeking a WOC appointment as a volunteer.

(First Name) (MI) (Last Name)

Acceptance into our program will require the following as checked below:

	<i>Req</i>	<i>Initials</i>	<i>Date</i>
Orientation Training Test (Volunteer Services)	X		
TB Check / Medical Clearance Call Occupational Health to schedule an appointment for Physical: Occupational Health Brockton: 774-826-2305 Occupational Health West Roxbury: 857-203-6127 Occupational Health Jamaica Plain: 857-364-5353	X		
TMS Courses Card (Privacy & Security):			
PIV Card (HR Security): (circle one) FLASH NON-PIV Call Personnel Security to schedule an appointment: Personnel Security Brockton: 774-826-1721 Personnel Security West Roxbury: 857-203-6064 Personnel Security Jamaica Plain: 857-364-5562	X		
Volunteer Drivers Only			
Defensive Driver Training (Volunteer Services)			
Safe Driving / insurance Selection Page Insurance Company)			

Volunteer candidate is to return this memo to Voluntary Service for final inclusion into their permanent file. Please initial and date this form upon completion of the required action listed above so we may retain documentation in the record for compliance.

If there are any questions, contact Voluntary Service:

Brockton *	West Roxbury*	Jamaica Plain*
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Fax (774)-826-2048	Fax: (857)-203-5727	Fax (857)-364-4482

Voluntary Service Staff: _____ Date: _____