



Hello Volunteer Applicant,

Thank you for your interest in volunteering at the VA Long Beach Health Care System. Voluntary Service has many volunteer opportunities within the Medical Center and Outpatient Clinics, we will do our best to find something that suits your goals and meets the needs of our patients.

Please fill out the volunteer application form, once completed please contact Voluntary Service at (562) 826-5715 and schedule an in-person interview. If you have any questions or need further assistance, please call (562)826-5715 and we will be happy to assist with any question.

Please Bring your Social Security Card and Government ID/DL to ALL appointments and interviews.

Steps within your process:

1. Complete the Volunteer Application
2. Contact Voluntary Service Staff for Interview
3. Conduct Interview with Voluntary Services
4. Conduct Face-to-Face Interview with Supervisor (If applicable)
5. Complete Medical Screening Forms (Must be done prior to appointment)
6. Complete Medical Screening Appointment (Bring Immunization Records)
7. Complete Fingerprinting (18+ years old)
8. Awaiting Clearance for Medical and Fingerprints (Contact Voluntary Services Once Medical is Cleared)
9. Create TMS (Talent Management System) account and complete mandatory training (Must be completed after FP/TB clearance)
10. Complete in person Orientation
11. Obtain Temporary ID to volunteer



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
<input type="text"/>		<input type="text"/>	<input type="text"/>
TELEPHONE NUMBER	E-MAIL ADDRESS		DATE OF BIRTH
<input type="text"/>	<input type="text"/>		<input type="text"/>
ORGANIZATION MEMBERSHIP(S) (Unit, Post, Chapter, if Affiliated)	ASSIGNMENT PREFERENCES		SEX <input type="checkbox"/> M <input type="checkbox"/> F
<input type="text"/>	1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>

EXPERIENCE AND TRAINING (Special Skills/Abilities)

RESTRICTIONS, LIMITATIONS OF SERVICE (Health Concerns, Medications, Allergies, etc.)	AVAILABILITY (Days and Times)
<input type="text"/>	<input type="text"/>

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.

<input type="text"/>	<input type="text"/>
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
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OFFICE USE ONLY

1. SUPERVISOR <input type="text"/>	2. SUPERVISOR PHONE NUMBER <input type="text"/>
3. ORIENTATIONS <input type="text"/>	4. UNIFORM <input type="text"/>

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 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.

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.