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EXCELLENCE
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MINNEAPOLIS VA HEALTH CARE SYSTEM 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, Zip Code)		DATE
TELEPHONE NUMBER		EMAIL ADDRESS		DATE OF BIRTH
ORGANIZATION MEMBERSHIP (S) Unit, Post, Chapter		ASSIGNMENT PREFERENCES		GENDER
				<input type="checkbox"/> MALE
				<input type="checkbox"/> FEMALE

EXPERIENCE AND TRAINING (special skills/abilities)

RESTRICTION, LIMITATION OF SERVICE (Health concerns, medications, allergies, etc.)		AVAILABILITY (Days and Times)	

IN CASE OF EMERGENCY PLEASE CONTACT (name, relationship, telephone number):

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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.

Double Click to Sign

(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.

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.

COMMENTS	NAME AND TITLE OF REVIEWER	DATE

MILITARY SERVICE

Have you ever served in the U.S. military? YES NO

If you answered "YES", list the branch, dates, and type of discharge for all active duty. If your only active duty was training in the Reserves or National Guard, answer "NO".

Branch	From Date	To Date	Type of Discharge

BACKGROUND INFORMATION

For all questions, provide all additional requested information. You may attach additional sheets as needed. The circumstances of each event you list will be considered. For questions 1,2 and 3, your answers should include convictions resulting from a plea nolo contendere (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

1. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) YES NO If "YES" provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

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2. Have you been convicted by a military court-martial in the past 10 years? YES NO If no military service, answer "NO." If "YES", provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.

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3. Are you now under charges for any violation of law? YES NO If "YES", provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

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4. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? YES NO If "YES", provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.

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5. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) YES NO If "YES", provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.

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6. Is this volunteer time a community service requirement per a court order, judicial decision, or probation agreement?

YES NO

Number of hours of required community service:

Probation Officer:

Telephone #:
