



DEPARTMENT OF VETERANS AFFAIRS
VA Central California Health Care System
2615 East Clinton Avenue
Fresno, CA 93703-2286

December 22, 2015

Dear Volunteer Applicant,

Thank you for your interest in serving Veterans at the VA Central California Health Care System. The mission of Voluntary Service is to enhance the Veteran experience and promote physical, mental and spiritual healing.

The process to complete your volunteer registration is outlined below:

1. **Complete Application**: VA Form 10-7055, VACCHCS Fingerprint and Badge Request and Volunteer Acknowledgement. Return Application to the Processing Team Room 2A05 (near the chapel).
2. **Initial Interview**: Interview with Voluntary Service Office.
3. **Second Interview**: If applicable, applicants will be scheduled for an interview with a department supervisor. The needs of the patients are the priority when determining volunteer placement.
4. **Privacy and HIPAA Training**: Candidates must complete: (1) VA Privacy and Information Security Awareness and Rules of Behavior and (2) Privacy and HIPAA Focused Training via the online VA Learning University - Talent Management System (TMS).
5. **Background Check and TB Test**: Candidates will be scheduled for a background check and tuberculosis test after acceptance. Two forms of valid identification are required (e.g., passport or government issued identification). Foreign nationals need to provide original documents showing citizenship status at the time of fingerprints.
6. **Orientation** – Voluntary Service Office will conduct initial mandatory training for new volunteers to include: Safety, Customer Service, Standards of Discipline, etc. This training is approximately three hours in duration.
7. **Badge Issue** – Badge will be issued upon completion.

Please note:

- a) Volunteers may not participate in the rehabilitation or treatment of patients regardless of their certification and/or licenses.
- b) Minimum hourly requirement:
 - i. Adult – A commitment to perform a minimum of 200 hours during the first 12 months of service.
 - ii. Minor – A commitment to perform a minimum of 75 hours during the first 12 months of service. Must be at least 16 years of age to apply.

Thank you for your interest in serving our nation's heroes. If you have any questions, please contact the Processing Team at (559) 225-6100 ext. 5006 or email V21FREvolunteerprocessing@va.gov.

The processing team lead is Aaron Galvan.

The Voluntary Service Program Manager is Mary Golden.

Office hours: Monday – Friday; 9:00a.m. - 2:30p.m. We are closed on Tuesdays.

Sincerely,



Cenethea Lofbom
Chief, Public Affairs Service

Volunteer Application Instructions

VA Form 10-7055

Please use a black or blue ballpoint pen to complete your application

1. Complete the following sections:

- Name- Legal name (no nicknames)
- Current address – include zip code
- Telephone Number- include area code
- Email Address – **please provide**
- Date you completed the application
- Date of Birth
- Sex- Male/Female

2. Experience and Training:

- Complete only if you're not submitting a resume.

3. Restrictions, Limitations of Service:

- Provide information that would affect job assignments: (e.g., cannot lift over 30lbs, cannot stand for long periods of time, epilepsy, limited mobility, etc).

4. Availability:

- Preferred availability- Monday through Sunday.
- Total HOURS per week you can work.

Example:

1. 25hrs per week
2. Monday – Friday from 7a.m. to 4p.m
3. Monday – Friday from 8a.m. to 5p.m
4. Saturday only from 10a.m. to 2p.m
5. Sunday only from 12p.m to 8p.m.

*Note- The following departments are open 24 hours: Vet Companion, No Veteran Dies Alone

5. In Case of Emergency please contact: (Name, Relationship, Phone Number)
8. Sign the Monetary Waiver and include Date when application was completed.



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
[]	[]			[]
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)
[]	[]
	Average Weekly Hours: _____

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
[]	[]	[]

Parental Consent for Emergency Treatment and TB Testing

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.

OSHA (Occupational Safety and Health Administration) requires a tuberculosis test at the beginning of your volunteer experience. The quantiferon test is a onetime blood draw. Otherwise, two separate skin tests are applied approximately 7-10 days apart. The TB test is applied free of charge.

If you have had a TB Test in the past 6 months, please bring in your results.

Volunteer Name: _____

Signature: _____

Date: _____

Parental Consent: The above named student has my consent as parent/guardian to serve as a student volunteer and receive the Quantiferon/Tuberculosis Skin Test at the VA Central California Health Care System. I have read the above agreement as signed by my student and understand his/her obligation to the program if he/she is accepted into the VAVS Student Volunteer Program. I also grant permission for him/her to receive emergency medical treatment if injured while volunteering.

Parent/Guardian Name: _____

Signature: _____

Date: _____

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

VACCHCS Fingerprint and Badge Request (Complete top section only)

Applicant Data

Name: _____
 (First Name) (Middle Name) (Last Name)

Alias/Maiden: _____ SSN: _____ - _____ - _____ Date of Birth (MM/DD/YYYY): _____

Gender: _____ Race: _____ Eye Color: _____ Hair Color: _____

Height (FT/IN): _____ Weight (Lbs.): _____ Place of Birth (City and State/Country if outside US): _____

Country of Citizenship: _____ Phone Number or Office Ext : (_____) _____ - _____

Resident Address (No PO Boxes): _____
 (Current Street Address) (City, State) (Zip Code)

Email: _____ Previous VA Affiliation / Date: _____

Signature of Applicant: _____ **Date:** _____

My signature above denotes I understand that, if issued a badge, it is federal property and it must be returned when my status with VACCHCS Fresno terminates. You must provide unexpired government issued identification, and if a non US born citizen, you must provide original documentation that proves lawful residence in the US.

Office Use Only

Current TMS Account Holder: YES NO

Current Network Account : YES NO Pending Remarks _____

Requested Action: SAC Fingerprints PIV FAC ID

Category Type (select one)

Affiliate: Volunteer Work Study

Please provide dates of your program: Start: _____ End: _____ Other _____

Service: _____ **Extension:** _____ **Position Title:** _____

Service Official Name and Signature: _____ **Date Fingerprinted:** _____

HR Personnel Security Use Only

NON PIV Transactions: SAC: INITIAL PRINT / REPRINT / FAC ID: REISSUE / FAC ACCESS: INITIAL / REISSUE

SAC DATE _____

PIV Transactions: INITIAL ISSUE / REISSUE PIV TYPE: FULL PIV NON-PIV Flash

Start Year _____ **Source of Investigation Verification: PIPS / EOPF / RECIP**

Type of Invest: SAC NAC-I MBI BI OTHER: _____

Investigation Scheduled/Closed/Adjudicate Date: _____ / _____ / _____

ID Source: #1 TYPE _____ **DOCUMENT #:** _____ **EXP DATE:** _____

#2 TYPE _____ **DOCUMENT #:** _____ **EXP DATE:** _____

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

2. **SOCIAL SECURITY NUMBER**

3a. **PLACE OF BIRTH** (Include city and state or country)

3b. **ARE YOU A U.S. CITIZEN?**

YES NO (If "NO", provide country of citizenship)

4. **DATE OF BIRTH** (MM / DD / YYYY)

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc)

6. **PHONE NUMBERS** (Include area codes)

Day

Night

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959?

YES

NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System?

YES (If "YES", proceed to 8.)

NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

Military Service

8. Have you ever served in the United States military?

YES (If "YES", provide information below) 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 (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *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.

9. During the last 7 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.) *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.* YES NO

10. Have you been convicted by a military court-martial in the past 7 years? (If no military service, answer "NO.") *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.* YES NO

11. Are you currently under charges for any violation of law? *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.* YES NO

12. 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? *If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.* YES NO

13. 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.) *If "YES," use item 16 to 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.* YES NO

Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract employment)

Form Approved:
OMB No. 3206-0182

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works. YES NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? YES NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I **certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I **understand** that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I **understand** that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I **consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I **understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: _____ Date _____
(Sign in ink)

17b. Appointee's Signature: _____ Date _____
(Sign in ink)

Appointing Officer:

Enter Date of Appointment or Conversion
MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

- 18a. When did you leave your last Federal job? _____
MM / DD / YYYY
DATE:
- 18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? YES NO DO NOT KNOW
- 18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. YES NO DO NOT KNOW

Volunteer Acknowledgement

In order to provide the best service to our Veterans, please acknowledge your agreement with the following statements by placing your initials in the appropriate boxes.

1. I agree to participate in the VA Hospital volunteer program for a minimum of 200 hours within the first 12 months of service (75 hours for minors) regardless of changes to my employment status.
2. I am at least 16 years of age.
3. I understand that I am not authorized to participate in direct patient care regardless of my experience or certifications.
4. I understand that I will undergo a background investigation upon acceptance. I will provide accurate information regarding my criminal history for the last 7 years, to include: date of offence, explanation of violation, place of occurrence, and name and address of police department or court involved.
5. I understand that job assignments are determined by the needs of the Veterans.
6. I agree to maintain an accurate schedule with my supervisor.
7. I understand that the process may exceed two months.

Print Name

Signature

Date (mm/dd/yyyy)

