OMB Number 2900-0090
Estimated Average: 15 min.

VA 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.

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. Disclosure of the Social Security number is voluntary. The number will be used in the identification or records.

NAME *(Last, First, Middle Initial)*

ADDRESS *(Street, city, state and Zip Code)*

DATE

DATE OF BIRTH

TELEPHONE NUMBER

( )

SOCIAL SECURITY NUMBER *(Optional)*

SEX

☐ M ☐ F

ORGANIZATION MEMBERSHIP(S) *(Unit, Post, Chapter, ifaffifiated)*

ASSIGNMENT PREFERENCES

1. 2. 3.

EXPERIENCE AND TRAINING *fSpecial skillslAbilifies)*

RESTRICTIONS OR LIMITATIONS OF SERVICE *(Health concerns, medications, allergies, etc.)*

AVAILABILITY *(Days and time)*

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.)*

Volunteer's Signature _____ Date _____

STUDENT VOLUNTEER PARENTAL APPROVAL

_____ has my approval to work as a volunteer within the Department of Veterans Affairs and my permission to receive diagnoses or emergency medical treatment if injured while volunteering.

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

1. SUPERVISOR _____

2. SUPERVISOR PHONE NUMBER _____

3. ORIENTATIONS _____

4. UNIFORM _____

COMMENTS	NAME AND TITLE OF INTERVIEWER	DATE