



Washington DC VA Medical Center
Voluntary Service Office (GC-113)
50 Irving Street, NW
Washington, DC 20422
Tel: 202-745-8320

How To Become a DCVAMC Volunteer

Thank you for your interest in becoming a Volunteer at the Washington DC Veterans Affairs Medical Center (DCVAMC)! Please review the information below and contact the Voluntary Service office with any questions.

THE BASICS

- ✓ Volunteers must be at least 18 years old.
 - (Summer Youth Volunteers must be 14 years old)
- ✓ All Volunteers must pass a background check and a TB test.
 - (Both are provided by the VA at no cost)
- ✓ The majority of Volunteer opportunities are Monday-Friday during the hours of 8:00am – 4:00pm. Evening and weekend opportunities are very limited.
- ✓ Volunteer interviews are held on Monday or Tuesday between 9:00am – 10:30am and must be scheduled in advance.
- ✓ If accepted, Volunteers then attend Volunteer Orientation starting at 9:00am the Thursday of the same week of the interview.
****You must be able to attend both the interview and Orientation within the same week.****
- ✓ Volunteers must be able to start their assignments within 1-2 weeks after completing Orientation.
- ✓ While Volunteering is a way to keep and learn new professional skills its purpose is to serve America's Veterans and should not be considered an avenue to employment at the DC VA Medical Center.
- ✓ Parking and Metro access are available.

I'M READY TO VOLUNTEER! WHERE DO I SIGN UP?

1. Call the Voluntary Service office at 202-745-8320 to schedule an interview.
2. Complete the following forms (attached) and bring them to your interview:
 - **Application For Voluntary Service (VA Form 10-7055)**
 - **Medical History Form**
 - **Information Required for Finger Printing, ID Badge, and Vehicle Registration******Bring 2 forms of original ID (see attached PIV Identity Documentation for accepted IDs)****
3. Review the attached potential Volunteer Opportunities and be prepared to discuss several interest areas at your interview.
4. At your interview you will meet with a Voluntary Service Specialist and go to Occupational Health for a TB Screening.
****You MUST return to Occupational Health to have your TB test read prior to Orientation on Thursday.****
****The results must be read within 48-72 hours (2-3 days)****

WHAT HAPPENS NEXT?

After completing your background check, TB Test and Volunteer Orientation you will meet your Work Site Supervisor who will provide an orientation to your worksite and your responsibilities.

Welcome to the DCVAMC Volunteer Team!



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
<input type="text"/>		<input type="text"/>	<input type="text"/>
Telephone Number	Email Address (Optional)		Date of Birth
<input type="text"/>	<input type="text"/>		SEX <input type="checkbox"/> M <input type="checkbox"/> F
ORGANIZATION MEMBERSHIP(S) Unit, Post, Chapter, if affiliated)		ASSIGNMENT PREFERENCES	
<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., 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 <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"/>



MEDICAL HISTORY FORM

Please provide the following information regarding you/your child's health history:

NAME: _____	ASSIGNMENT: <u>Volunteer</u>
SOCIAL SECURITY #: _____ / _____ / _____	
DATE OF BIRTH: _____ / _____ / _____	
ALLERGIES: _____	
MEDICATIONS: _____	

Immunizations:

Date:

Tetanus/Diphtheria	_____
Measles/Mumps/Rubella	_____
Hepatitis B Vaccine	_____

Tuberculosis Screening:

Have you had a TB screening before? ___ Yes ___ No

If yes, **Date:** _____ **Results:** _____

All volunteers will be given a TB screening at your Occupational Health Interview, unless you have documentation of a screening within the last 4 months.

I certify that all of the information given by me (or my parent, if a minor) is correct to the best of my knowledge and belief.

Volunteer Signature: _____ **Date:** _____

Parent/Guardian Signature: _____
(if volunteer is a minor)

**INFORMATION REQUIRED FOR
FINGER PRINTING, ID BADGE, AND VEHICLE REGISTRATION**

Date of Request: _____ SSN: _____

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

Professional Title: _____ (ie: MD, PhD, DDS, DMD, PA, NP, RN)

Service: Voluntary Services

Telephone Extension: x58320

Appointment: (Check One)	<input type="checkbox"/> A Volunteer	<input type="checkbox"/> B Student	<input type="checkbox"/> C Intern
	<input type="checkbox"/> D Contractor	<input type="checkbox"/> E Employee	<input type="checkbox"/> F Fee Base
Expiration Date: _____ (VAMC Employee Badge)	<input type="checkbox"/> G WOC	<input type="checkbox"/> H Fellow	<input type="checkbox"/> I Resident
	<input type="checkbox"/> O Observer	<input type="checkbox"/> V Visitor	<input type="checkbox"/> Z CWT

Home Address: _____ Apartment Number: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Sex: M F Race: _____

Country of Citizenship: _____ Place of Birth: _____

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Driver's License Number: _____ State: _____

VEHICLE INFORMATION

Vehicle #1	Vehicle #2
Make:	Make:
Model:	Model:
Style:	Style:
Color:	Color:
Year:	Year:
Tag Number:	Tag Number:
Vin Number	Vin Number
Proof of Insurance Yes [] No []	Company Name:
Vehicle Registration State	Vehicle Registration State

Decal Number: _____ Decal Number: _____

Parking Area Assigned: General Garage Temporary TCN _____
 (Circle One)

Transit Benefit: Y / N (if YES register ONLY no decal issued) **For Employees Only**
Handicap Registered : Y / N

PERSONAL IDENTIFICATION VERIFICATION (PIV) IDENTITY DOCUMENTATION CRITERIA

****Summarized From: VA HANDBOOK 0735 APPENDIX D****

1. The following criteria must be met by all VA employees, contractors, and affiliates prior to being issued a PIV Credential.
2. FIPS 201-2, requires Applicants to provide two original forms of identity source documents. At least one document shall be a valid State or Federal government-issued picture identification (ID).

3. Identity Document Criteria

a. All identity source documents must be unexpired.

b. Any document that appears invalid (e.g., absence of security hologram, or other known security features, on a State issued driver's license; absence of security features on a birth certificate or passport; smeared ink; missing information; etc.) is to be rejected by the Registrar and reported to the facility PCI Manager for review.

c. Handwritten or photocopied documents are not acceptable.

4. Acceptable Identity Documents

a. Two forms of identification are required from Table 1, Acceptable Identity Documents, for all PIV and Non-PIV Credentials. Flash Badges may be issued following review of a single identity document from Column A or B. The following combinations are accepted:

(1) Two forms of identification from Column A (Government Issued Photo ID);

(2) One form of identification from Column A and one form from Column B (Non-Picture ID or Acceptable Picture ID not issued by Federal or State Government);

5. Applicant Names

a. The name of the Applicant in the credential request must match the name exactly as printed on at least one of the identity source documents. The names on the identity source documents must match using the examples in Table 2, Acceptable Name Mismatches and Table 3, Not Acceptable Name Mismatches. (VA Handbook 0735 Appendix D)

b. Applicants with multiple last names may use the guidance for middle names in Table 2, Acceptable Name Mismatches.

c. An ID issued before a legal name change (e.g. birth certificate or driver's license) may be presented as one form of ID if a legal document (e.g. marriage certificate/license or a court order) is also presented linking the previous name to the current legal name. The linking document must display both the former and current legal names. Both documents must be valid and not expired. For example, a married woman may use both a certified copy of her birth certificate displaying her maiden name and a driver's license displaying her married name as the 2 forms of ID compliant with PIV Guidelines as long as she provides a marriage license displaying both her maiden name and married name.

Table 1. Acceptable Identity Documents

COLUMN A	COLUMN B
Primary Identity Source Document	Secondary Identity Source Document
<ul style="list-style-type: none"> • U.S. Passport or U.S. Passport Card • Permanent Resident Card or Alien Registration Receipt Card (Form I-551) • a foreign passport • Employment Authorization Document that contains a photograph (Form I-766) • Driver's license or an ID card issued by a state or possession of the United States provided it contains a photograph • U.S. Military Card • U.S. Military dependent's ID Card • PIV Card 	<ul style="list-style-type: none"> • U.S. Social Security Card issued by the Social Security Administration • Original or certified Birth Certificate issued by a state, county, municipal authority, possession, or outlying possession of the United States bearing an official seal • ID card issued by a federal, state, or local government agency or entity, provided it contains a photograph • Voter's Registration Card • U.S. Coast Guard Merchant Mariner Card • Certificate of U.S. Citizenship (Form N-560 or N-561) • Certificate of Naturalization (Form N-550 or For N-570) • U.S. Citizen ID Card (Form I-197) • Identification Card for Use of Resident Citizen in the United States (Form I-179) • Certification of Birth Abroad or Certification of Report of Birth issued by the Department of State (Form FS-545 or Form DS-1350) • Temporary Resident Card (Form I-688) • Employment Authorization Card (Form I-688A) • Reentry Permit (Form I-327) • Refugee Travel Document (Form I-327) • Employment Authorization document issued by the Department of Homeland Security (DHS) • Employment authorization document issued by DHS with photograph (Form I-688B) • a driver's license issued by a Canadian government entity • Native American Tribal Document

WASHINGTON DC VETERANS AFFAIRS MEDICAL CENTER
VOLUNTARY SERVICE (135)

VOLUNTEER OPPORTUNITIES

Please review the possible Volunteer opportunities listed below. They are meant to serve as a guide to the services you may Volunteer in and the duties they may require. Other Volunteer opportunities may be available; the Voluntary Service Specialist will discuss any additional possible opportunities at the time of your interview.

GENERAL POSITIONS

Positions	Potential Duties
Administrative Volunteer	Assist with filing, answer phones as well as direct calls, take clear and efficient messages, provide customer service, direct visitors and staff, run necessary errands, and general office tasks
Volunteer Escort	Transport patients, charts, lab specimens, and small equipment

SERVICE SPECIFIC POSITIONS *(depending on availability)*

Some positions are of a sensitive nature and may require extensive background checks.

ACQUISITION & MATERIAL

Warehouse Volunteer	Organize, maintain, deliver, and receive supplies
Property/Plant & Equipment Volunteer	Assist program manager with tracking hospital equipment, filing

CANTEEN

Cafeteria Volunteer	Clean tables, clear trays, keep condiment areas clean & stocked, etc, and assist veterans to obtain meals
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CHAPLAIN

Escort	Escort patients to/from Chapel Service (Sat & Sun)
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COMMUNITY LIVING CENTER (CLC)

*****Requires a one-time additional four hour Orientation that is offered once a month*****

Capitol View Volunteer Corps (CVVC) <u>Total Living Comfort (TLC) Squad Member</u>	Work as a member of the CLC neighborhood care teams while providing Veterans and their families with a caring listener as well as offering companionship and comfort to Veterans who are bed bound.
CVVC <u>Honor Guard Member</u>	Facilitate Veteran and family participation in Healing Arts activities; participate and assist in events and activities that honor Veterans' military service; assist in recording the personal stories of Veterans.
CVVC <u>Adjutant Corps Member</u>	Assist CLC staff with administrative support tasks and duties; organize CLC complementary care items; keep various brochures updated and collated for accurate dispensing.
CVVC <u>Taps Brigade (11th Hour</u>	Support VA's "No Veteran Dies Alone" initiative; comfort Veterans during final hours of life through literature, music, or other forms of

<u>Honor Guard</u>)	therapeutic presence; assist in providing comfort for families of Veterans as they attend to their loved ones.
<u>CVVC Recreation Serving Others (RSO) Battalion</u>	Assist in sustaining the recreational needs and interests of CLC residents and their families. Participate in unique events and recurring activities that support resident creativity, leisure and entertainment.

EMERGENCY DEPARTMENT (ED)

ED Volunteer	Assist with routine work in the emergency department; transporting patients; removing wheelchairs; answering phones
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ENVIRONMENTAL MANAGEMENT SERVICE (EMS)

Housekeeping Volunteer	Basic duties including glass cleaning, washing walls, and water fountains.
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FISHER HOUSE

Provides housing close to a loved one during hospitalization for an illness, disease or injury.

Fisher House Volunteer	Customer Service skills, answer telephones, filing, assist and orient guests, utilize spreadsheets
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MEDICAL WARDS

Administrative Volunteer	Answer phones; provide customer service; run necessary errands
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My HealthVet (MHV)

Customer Service Volunteer	Strong customer service skills, answer basic questions regarding MHV, and assist Veterans in MHV enrollment process
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NUTRITION AND FOOD SERVICE

Food Service Volunteer	Assist with food preparations; obtain patient's food preference; enter data into computerized Veterans food systems tracker; inventory; check food temperatures; and cleaning as needed
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PATHOLOGY & LAB

Administrative Volunteer	Performs basic office duties, greet and direct patients, provides customer service in person and via phone, responds to inquiries, deliver specimens to core lab and escort patients
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PATIENT ADVOCATE

Greeter/Front Desk	Greet Veterans, their families and guests upon entry to the DCVAMC; conduct surveys; answer phones and direct calls to the appropriate service
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PHARMACY

Inpatient Pharmacy	Lifting medication cassettes; reaching for medicine; standing and filing medication
Outpatient Pharmacy	Greeting Veterans and assisting them with picking up their medication

PROSTHETICS

Prosthetics Volunteer	Filing, mailing, inventory and packing
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RECREATION

Recreation Volunteer	Assist therapist with recreation activities. Example: Game Cart, take game cart to various areas of the hospital, encourages patient participation and assist in playing of games.
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SOCIAL WORK

OEF/OIF/OND Program Office	Call or send letters to OEF/OIF/OND Veterans newly enrolled; filing and sorting information; collating information for orientation
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VOLUNTARY SERVICE OFFICE

Coffee Cart, Comfort Kits, Special Events	Coffee Cart: Prepare and serve coffee to our patients and families; Comfort Kits: Prepare and distribute comfort kits to new patients; Special Event: Utilize needed skills to assist in planning and execution of special events
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VOLUNTEER TRANSPORTATION NETWORK

Driver	Transport ambulatory patients to and from medical appointments.
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Note: Computer access for Volunteers is very limited. If computer access is needed for Volunteer duties a Volunteer must Volunteer for a minimum of 90 days before computer access can be requested.