



# Summer Junior Volunteer Program

## Application Packet



**ORLANDO VA HEALTHCARE SYSTEM**

*Email:* [vhaorlvoluntary@va.gov](mailto:vhaorlvoluntary@va.gov)

**April 2025**



DEPARTMENT OF VETERANS AFFAIRS  
Orlando VA Healthcare System  
13800 Veterans Way  
Orlando, FL 32827



Dear Potential Junior Volunteer,

Thank you for your interest in volunteering at one of our facilities in the Orlando VA Healthcare System this summer. We will begin accepting applications on April 21st until each site reach their limits of students. Face masks are not required unless you are volunteering in a high-risk area. The Junior Volunteer Program offers various service opportunities for those age 14 - 17, all of which are designed to be educational and fun while enhancing the health care experience for our Veterans.

Qualifications for the program include interest in, or experience working with, health care staff and Veterans. Consideration is given to the maturity of the participant and their ability to confidently interact with the public, staff, and patients. Multiple behavior issues will result in immediate dismissal from the program, so applicants must be prepared to follow directions and cooperate.

To be considered for acceptance into the program, all Junior Volunteers must submit a completed application packet either by email or hand delivered to the Center for Development & Civic Engagement (CDCE) Office at the location you wish to volunteer. Locations accepting applications are Lake Nona, Lake Baldwin, Viera, and Daytona.

**The program is very popular. Unfortunately, all applicants cannot be accepted due to the limited number of openings.** If accepted, you will be contacted to schedule your orientation class in which your parent/guardian must attend with you. Then we will schedule an appointment to complete the rest of the application in person. This includes the following:

- Enrollment into the VA System as a Volunteer
- Tuberculosis/QuantiFERON Blood Test

If the junior volunteer parent(s) works at the VA that volunteer **will not** be assigned to volunteer in the service area. **No exceptions will be made.**

Volunteers are the heartbeat of the Orlando VA Healthcare System facilities. Your interest, caring and commitment are greatly appreciated. We look forward to meeting you and should you have any questions please feel free to contact us at [vhaorlvoluntary@va.gov](mailto:vhaorlvoluntary@va.gov).

Sincerely,

Cristina Mercado Acevedo, M.S. HSA  
Chief, Center for Development & Civic Engagement

# JUNIOR VOLUNTEER PROGRAM REQUIREMENTS

## AGE

You must be at least 14 years old prior to completing the application. **There are no exceptions.**

## APPLICATION

Applications are submitted on a rolling basis throughout the year, but acceptance is based on assignment availability. **Incomplete applications will not be accepted.**

### Application items to complete prior to in-person on-boarding:

- VHA 10-7055, *Volunteer Application Form*, both pages
- Parental consent page 2; Enrollment will keep a copy of page 2
- Volunteer Enrollment Form
- QuantiFERON/TB Test Record (Highlighted Portion Only)
- QuantiFERON/TB Test Authorization Form
- Junior Volunteer and Parent Consent Form completed by both student and parent

### Application items to complete after being selected for an in-person on-boarding appointment:

- Present your Student ID Card (CDCE Office will make a copy)
- Volunteer Occupational Health QuantiFERON TB Test (blood draw)

## SCHOOL PERMISSION/DOCUMENTATION

If you need to document hours for your school, club, Bright Futures, or other scholarships that require pre-approval documents signed by our office, be prepared to submit the document(s) for signature during your in-person onboarding appointment. It is your responsibility to be aware of any permissions needed for documentation of hours by any outside school or organization.

## TUBERCULOSIS (TB) -QUANTIFERON BLOOD DRAW

The test is offered at no charge by the Orlando VAHCS. Once directed you will report to the Lab to complete your mandatory TB test. If you choose to have your physician administer the test, enclose the clinic note in your application package from your doctor's office stating the date and results. **This test must be completed before you start volunteering.** If you ever had a reaction to the test and cannot have another, you must notify Occupational Health about this information at [vhaorloccupationalhealth@va.gov](mailto:vhaorloccupationalhealth@va.gov).

## ORIENTATION

If accepted into the program you must attend one of the offered virtual orientations. **There are No Exceptions. One parent must attend orientation with the student to be accepted into the program.** You will select the date you will attend when notified of your acceptance into the program.

## UNIFORM/DRESS CODE

Information is detailed in the Volunteer Training Handbook. You will sign for a Junior Volunteer vest that must be returned upon your departure from the program.

## TIME COMMITMENT

The program is a year-round Volunteer program. The minimum commitment during summer and other school breaks is 4 hours a week, one day a week. Additional days desired will be based on availability. During the rest of the year, you can work with the Specialist on site to come in based on your availability.



## **VOLUNTEER OPPORTUNITIES**

We have many volunteer opportunities. Assignments may vary from Service areas, but your involvement can make a real difference in the life of a Veteran patient. These are examples of some of the possible volunteer assignments.

### **Assignment Areas:**

- Information Desk
- Employee Well-Being Center
- Canteen Service Patriot Store
- Physical Therapy
- Radiology
- Audiology
- Release of Information
- Veteran's Experience Office
- Ambulatory Care
- Office of the Chief Medical Officer
- Logistics

### **Benefits of Volunteering**

- The honor of serving our nation's heroes.
- Meal provided when volunteering four (4) or more hours.
- Tax free shopping at Canteen Service Patriot Store.
- Recognition and award opportunities.
- Volunteer time counts as community service for school.
- Volunteerism should be part of college applications.



# Orlando VA Healthcare System CDCE/Voluntary Services

Facility:

Email: [VHAORLVoluntary@va.gov](mailto:VHAORLVoluntary@va.gov)

Phone:

STEP

STEP

STEP

STEP



U.S. Department of Veterans Affairs  
Veterans Health Administration  
Voluntary Service

STEP 1

OMB Number 2900-0090  
Estimated Average: 15 min.

## 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

TELEPHONE NUMBER

E-MAIL ADDRESS

DATE OF BIRTH

ORGANIZATION MEMBERSHIP(S) (Unit, Post, Chapter, if Affiliated)

ASSIGNMENT PREFERENCES

1.  2.  3.

SEX ☐ M ☐ F

EXPERIENCE AND TRAINING (Special Skills/Abilities)

RESTRICTIONS, LIMITATIONS OF SERVICE (Health Concerns, Medications, Allergies, etc.)

AVAILABILITY (Days and Times)

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.

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.

Cristina Mercado Acevedo/

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

**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.



# Orlando VA Healthcare System

## CDCE/Voluntary Services

### Interest Questionnaire

(PLEASE PRINT)

NAME	PHONE NUMBER	EMAIL
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### EDUCATION

Please list the information about your educational institution. Please list any special affiliations (i.e. Dual Enrollment, National Honor Society, clubs, sports, etc.)

NAME OF SCHOOL	SPECIAL AFFILIATIONS
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### AVAILABILITY

Junior Volunteers make a regular commitment of volunteering four (4) hours a week. Please indicate the days and times you are available to volunteer. (maximum 8 hours per week allowed, unless approved)

**Orientation Class Dates (Choose 1):** *Mandatory for ALL Students and Parents/Guardian*

May 7th, Wednesday, 5:00 p.m. - 7:30 p.m.

May 10th, Saturday, 11:00 a.m. - 1:30 p.m.

May 14th, Wednesday, 5:00 p.m. - 7:30 p.m.

**My Availability:** *How many days can you volunteer?*

One (1) day per week

Two (2) days a week

Three (3) days a week or more

**Service Assignment Preference:** *Top (3) three areas*

Preference 1:

Preference 2:

Preference 3:

**Days and Times Availability – Times can vary upon request:** *(Please mark the day(s) and the time(s))*

<input type="checkbox"/>	Monday	<input type="checkbox"/>	7:30 a.m. – 12:00 p.m.	<input type="checkbox"/>	12:00 p.m. – 4:30 p.m.
<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	7:30 a.m. – 12:00 p.m.	<input type="checkbox"/>	12:00 p.m. – 4:30 p.m.
<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	7:30 a.m. – 12:00 p.m.	<input type="checkbox"/>	12:00 p.m. – 4:30 p.m.
<input type="checkbox"/>	Thursday	<input type="checkbox"/>	7:30 a.m. – 12:00 p.m.	<input type="checkbox"/>	12:00 p.m. – 4:30 p.m.
<input type="checkbox"/>	Friday	<input type="checkbox"/>	7:30 a.m. – 12:00 p.m.	<input type="checkbox"/>	12:00 p.m. – 4:30 p.m.



# Orlando VA Healthcare System

## CDCE/Voluntary Services

### Registration/Enrollment 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.

#### COMPLETE HIGHLIGHTED AREAS

<b>LAST NAME</b>		<b>FIRST NAME</b>		<b>MIDDLE</b>	
<b>DATE OF BIRTH</b>		<b>FULL SSN</b>		<b>(Please check one)</b>	
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
<b>ADDRESS (Street, City, State and Zip Code)</b>		<b>HOME PHONE</b>		<b>CELL PHONE</b>	
<b>IS YOUR SPOUSE A VETERAN ENROLLED IN THIS CLINIC?</b>			<b>VETERAN'S NAME &amp; SSN</b>		
YES                      NO                      DOES NOT APPLY					
<b>MARITAL STATUS (Please check one)</b>		<b>MOTHER'S MAIDEN NAME</b>		<b>PLACE OF BIRTH (City and State)</b>	
MARRIED                      NOT MARRIED  DIVORCED                      WIDOW					
<b>ETHNICITIES (Please check one)</b>		<b>RACE (Please check one)</b>			
SPANISH, HISPANIC OR LATINO  <b>NO,</b> NOT SPANISH, HISPANIC OR LATINO		NATIVE AMERICAN OR ALASKA NATIVE                      ASIAN  BLACK OR AFRICAN AMERICAN                      WHITE  NATIVE HAWAIIAN OR OTHER PACIFIC			
<b>NEXT OF KIN/EMERGENCY CONTACT</b>					
<b>NAME</b>		<b>RELATIONSHIP</b>			
<b>ADDRESS</b>		<b>HOME PHONE</b>		<b>CELL PHONE</b>	



**Orlando VA Healthcare System**  
**CDCE/Voluntary Services**  
**Occupational Health QuantiFERON TB Test**  
**Record (1-Step Blood Draw)**

Facility: \_\_\_\_\_

**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.

**COMPLETE HIGHLIGHTED AREAS ONLY**

<b>LAST NAME:</b>	<b>FIRST NAME:</b>	<b>MIDDLE:</b>	<b>DATE OF BIRTH:</b>
<b>LAST 4 SSN:</b>	<b>TELEPHONE NUMBER:</b>	<b>SERVICE/UNIT: (Please check one)</b> <input type="checkbox"/> <b>VOLUNTEER</b> <input type="checkbox"/> <b>WORK-STUDY</b> <input type="checkbox"/> <b>JUNIOR VOLUNTEER</b> ( <i>New Students Only</i> )	

**TB SCREENING INFORMATIONAL LETTER MAILED OUT:** \_\_\_\_\_

**QUANTIFERON RESULT:** \_\_\_\_\_

**CLEARED FOR VOLUNTEER DUTIES:**

\_\_\_\_\_  
Occupational Health Signature

\_\_\_\_\_  
Date

**ADDITIONAL COMMENTS:**



**Junior Volunteer**  
*(Students Only)*  
**Tuberculosis/QuantiferON Blood Test**  
**Authorization Form**

This form grants temporary authority to the Orlando VA Healthcare System laboratory clinic staff to administer the Tuberculosis Blood Test for a Minor where the Minor is not accompanied by either parents or legal guardians. The Occupational Health clinician will read the results of the test.  
*If the form is not returned the test will **NOT** be administered.*

**FULL LEGAL NAME:**

**HOME ADDRESS:**

**PHONE NUMBER:**

**DATE OF BIRTH:**

**GENDER:**

☐ FEMALE    ☐ MALE

**ALLERGIES:**

**ANY OTHER SIGNIFICANT MEDICAL INFORMATION:**

**AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)**

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for the Orlando VA Healthcare System laboratory clinic staff to administer the Tuberculosis/QuantiferON Blood test and the results read by the Occupational Health clinician.

**PARENT/LEGAL GUARDIAN NAME:**

**PARENT/LEGAL GUARDIAN SIGNATURE:**

**DATE SIGNED:**

**TELEPHONE CONTACT INFORMATION:**

**ALTERNATE CONTACT INFORMATION:**



## JUNIOR VOLUNTEER AND PARENTAL CONSENT FORM

### Orlando VA Healthcare System

I am engaged in or about to be engaged in a volunteer program at an Orlando VAHCS location. In connection with my activities as a volunteer, I agree to hold all information I may have access to about patients or former patients confidential. Disclosure of such information to unauthorized persons is prohibited.

I UNDERSTAND THAT IF ACCEPTED AS A JUNIOR VOLUNTEER (Please initial below):

Student Parent

\_\_\_\_\_ I voluntarily offer my services with a clear understanding that there is no monetary compensation due to me as a benefit because of my services hereunder.

\_\_\_\_\_ I will observe all Orlando VAHCS regulations including the inability for students to be placed in the service of their parent/guardian or other family member (no exceptions will be made).

\_\_\_\_\_ I understand that texting is not allowed at any time while volunteering, as this does not create a professional impression. Cell phone use is also not permitted while on duty as a volunteer.

\_\_\_\_\_ I will endeavor to be prompt and regular in my services and I will perform my assigned volunteer duties to the best of my ability.

\_\_\_\_\_ I understand that program placement depends upon the needs of clinic areas and can change.

**Junior Volunteers may be assigned to any area in which there is a need.**

\_\_\_\_\_ Photos taken while participating as an Orlando VAHCS volunteer or at special functions may be used for promotional reasons (newsletters, brochures, pamphlets, etc.)

\_\_\_\_\_ I am willing to commit to volunteering for a minimum of 4 hours per week during school breaks and when available during the school year.

\_\_\_\_\_ I will adhere to the Orlando VA Health Care System Youth Volunteer dress code.

\_\_\_\_\_ I understand that Junior Volunteers must be under adult supervision at all times while volunteering.

\_\_\_\_\_ I understand that if I am sick and need to be absent from my volunteer assignment, that my parent must be the one to telephone my assigned VA supervisor to report that I am ill and will be absent.

\_\_\_\_\_ I understand that I am only permitted to volunteer in the department and scheduled to which I am assigned by the Orlando VAHCS CDCE staff, and not in any other department.

**\*Junior Volunteers are required to coordinate volunteering during the academic year to remain in good standing\***

I understand that specific training (orientation) dates will be offered upon approval for the Junior Volunteer program, and that my place in the program will be given to another student if I am unable to attend assigned training within a reasonable amount of time.

I understand that if another commitment later arises on the training date selected and I am unable to attend, **that my place in the program may be offered to another student.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_