



YOUTH VOLUNTEERS

The entire staff of the James A. Haley Veterans' Hospital extends a warm welcome and appreciation for your willingness to serve as a volunteer at our hospital.

Youth Applications will be available Wednesday April 1, 2015. The deadline for all completed applications is Wednesday April 15, 2015 no later than 4:00pm; no exceptions. Completed applications should be returned to Voluntary Service Room 2A215K. After April 15, 2015, a committee will select the youth volunteers who will accepted into the 2015 program. All applicants will receive an acceptance/denial letter which will be mailed out the week of April 27, 2015. Youth must agree to provide 80-100 volunteer hours from June 8, 2015 through August 6, 2015.

STUDENT/YOUTH VOLUNTEER PROGRAM – We accept high school students into our volunteer program during the summer. Students must be 14 years old, and have written parental consent on the application. Student volunteers are placed in assignments throughout the hospital in various departments.

The Youth Volunteer Application package Includes:

Volunteer Questionnaire

Youth Volunteer Program Contract

Volunteer Application VA Form 10-7055

Volunteer Clearance Form

Volunteer TB Test Form



Please make sure prior to turning in your application that all areas have been filled in, signed and dated, and the application and all requirements have been completed. If the application is not properly completed, the youth will not be considered for the program.

1. TB Test has to be "administered" and "read" **prior** to turning in your volunteer application. Take the TB Test form to the 6th floor to Occupational Health, Room 6A650, any day but Thursday, Saturday, or Sunday to have it "administered." You will then be required to go back to Occupational Health within 48-72 hours to have TB Test "read." If you have ever tested "positive," for TB, you will be required to go to your personal primary care physician and request a chest x-ray and we will need documentation of that. TB Tests must be current within one year. Hours for TB Tests to be administered and read 7:30am to 3:30pm.
2. Your application may **not** be turned in until you have the results of your TB Test "read and the Clearance form signed by staff in Occupational Health.
3. Deadline for youth applications: Wednesday, April 15, 2015, 4:00pm to Voluntary Service. Students must be able to provide 80-100 hours.
4. Youth Volunteer Questionnaire needs to be filled out entirely (please do not leave any blanks.) Please provide letters of reference from two of your teachers.
5. Please read the Youth Volunteer Contract and sign and date and have your parent/guardian sign and date as well.
6. Fill out the Application for Voluntary Service VA Form 10-7055 (please do not leave any blanks.) Please sign and date and have your parents/guardian sign and date as well.
7. The Volunteer Clearance Form will need to be signed and dated by Occupational Health staff when your TB Test is administered and read.
8. Youth orientation is **mandatory** and will be held on Monday, June 8, 2015, in the hospital auditorium, from 9:00am to approximately 1:00pm. If you are unable to attend the youth volunteer orientation on June 8, you will not be considered for our summer program.

If you have additional questions, please contact Voluntary Service at 813-972-7533.



DIRECTIONS TO OCCUPATIONAL HEALTH:

Take the main elevator to the 6th floor and turn right out of the elevator and go to the end of the hallway. Turn left and go to the last door on your right, Room 6A 650.

Once you have the TB Test "administered," you will then return to Occupational Health within 48-72 hours to have the TB Test "read." You will then return to Voluntary Service, Room 2A215K, with your results and your completed application for voluntary service.

James A. Haley Veterans' Hospital and Clinics
YOUTH VOLUNTEER QUESTIONNAIRE FOR 2015



APPLICANT INFORMATION

Name: _____ US Resident: Yes No

Age: _____ Gender F M Cell Phone: _____ Home phone: _____

Current address: _____

City: _____ State: _____ ZIP Code: _____

Do you have a family member who is employed at JAHVAH? Name: _____

Your E-mail: _____

Emergency Contact Name: _____
 Relationship: _____
 Contact number: _____

Must provide us with two teacher reference letters and contact information

Name	Email

AVAILABILITY

Are you planning to take any trips during the summer : Yes No

Do you have planned vacation between June 8th – August 6, 2015?
 Yes If so, what week will you be gone? No

Can you complete 80-100 hours of volunteer hours?
 Yes No

Grade completed: _____ Non Weighted GPA: _____ Do you have a current TB Tine Test
 Yes No

Circle your T-Shirt Size: Small Medium Large X-large

What other summer jobs, clubs or activities are you enrolled in for the summer 2015? _____

EXPERIENCE

Have you ever participated in the Youth Volunteer program at James A. Haley Veterans' Hospital? Yes No

Have you ever participated in any other volunteer programs? Yes No

PERSONAL INTEREST

CIRCLE 3 AREAS WHERE YOU WOULD BE MOST INTERESTED IN WORKING.

1. Transport	2. Canteen	3. Canteen Store
4. Voluntary Service	5. Nutrition & Food Service	6. Haley's Cove CLC
7. Health Administration	8. Director's Office	9. Inpatient Units
10. Warehouse		

NOTE: Completion of this application does not guarantee acceptance into this program.1

Youth Volunteer Program Contract

I acknowledge that I may be dismissed from the Youth Volunteer Program if I:

1. Do not attend the mandatory Youth Volunteer Orientation in the Hospital Auditorium on Monday, June 8, 2015 at 9:00am to approximately 1:00pm. If I am unable to attend, for any reason, I will NOT be considered for the youth summer program for 2015.
2. Do not follow hospital regulations, safety and patient privacy (respect patients, staff and visitors).
3. Am not in my assigned area during volunteer hours (leaving the hospital during your documented volunteer hours).
4. Display improper behavior such as, playing with medical equipment, being disruptive or playing in the hallways.
5. Do not follow the dress code.
6. Am using my personal cell phone in patient care areas or during volunteer hours.
7. Do not maintain a positive attitude.
8. Say or speak negatively about the VA hospital or employees.

Breach of Contract

Each student and parent is required to sign this agreement contract, stating that the student will be present to attend the orientation and complete at least 80-100 volunteer hours.

If this contract is breached for any reason, the student will be dismissed from the program.

Please plan ahead of time so that your vacation times, doctors' appointments and work plans do not interfere with our program.

Volunteering as a Youth Volunteer cannot be done on weekends or holidays or after 5pm.

Student signature _____ Date _____

Parent signature _____ Date _____



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)
[]	[]

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
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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
[]	[]	[]

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.

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.

**James A. Haley Veterans' Hospital Voluntary Service
VOLUNTEER CLEARANCE FORM**

Volunteer's Name: _____

Regular Scheduled

The above named volunteer has been cleared for duty in the following areas:

SERVICE	DATE	INITIALS
VOL SVC – Interview / Placement		
OCC HLTH – TB (Tuberculosis) Screening Initiated		
ID SECTION- Fingerprint/SAC initiated		

SERVICE	DATE	INITIALS
OCC HLTH – TB Screening Completed/Chest X-Ray (If Positive)		
VOL SVS- Training/Orientation Completed		
ID SECTION –ID Badge Issued		

Annual Requirements	DATE	INITIALS
Volunteer Competencies		
OCC Health TB Clearance		

**** All volunteers are cleared for work pending results of background check. Voluntary Services reserves the right to decline your services as a volunteer if you do not pass the background screening. HR will inform VS and Volunteer if any further actions are needed.****

Please give this volunteer:

1. _____ ID Badge (PIV)
2. _____ ID Badge (Non-PIV)
3. _____ ID Badge (Flash Badge)

PLEASE COMPLETE & RETURN TO VOL. SVC!

VOLUNTARY SERVICE SPECIALIST

ROOM # _____

EXTENSION: _____



YOUTH VOLUNTEER TB TEST

Name: _____

Notice:

I understand that I must report to Occupational Health 48-72 hours after I have received my P.P.D. so that it can be read and recorded, or there will be no evidence of my having had this test.

A P.P.D. is required each year, unless I have tested positive. Exposure to an active TB patient or working in high-risk areas will require testing more often.

FOR OFFICE USE ONLY

ADMINISTRATION:

Date: _____

Forearm: Right _____ Left _____

Given by: _____

READING:

_____ Negative reaction (*A bruise at the site is not a positive reaction.*)

_____ A raised, red area is present.

_____ Small blisters are present.

_____ mm of induration

Read by: _____ Date: _____

If you have tested positive present/past you will need to go to your private primary care doctor for an x-ray and we will need the documentation in Voluntary Service.