Students Volunteering for Veterans
Youth Volunteer Application

- Serving – our Nation’s heroes.
- Enriching – personal and professional growth.
- Rewarding – opportunities which make a difference in your life and the lives of others.
- Volunteering – to give back to Veterans who have given so much.
- Expanding - horizons with new experiences that will improve your resume while enhancing your life.

**SERVE - Students Volunteering for Veterans** is the Southern Arizona VA Health Care System (SAVAHCS) youth volunteer program. Our program is designed to enhance the volunteer experience for our community’s youth, VA staff and most importantly, SAVAHCS Veteran patients. This program is open to applicants ages 14 - 18. The SERVE Program is an eight-week program running from June 4th - July 27th.

Students must be available a minimum of six weeks from June 4th - July 27th to be eligible to participate.

To be considered for the summer 2018 session youth must submit all required documents by March 2, 2018. Top applicants will be invited for an interview.

**Completed applications must be submitted to the Voluntary Service Office by March 2, 2018. Incomplete applications and those received after the due date will not be considered.**

Please complete the entire application package before submitting it to the Voluntary Service Office, Building 58. For questions, please contact Mandy Martell, Voluntary Service Specialist at (520) 629-1822.

**Mailing Address:** Southern Arizona VA Health Care System
Voluntary Service (9-135)
3601 S. 6th Ave
Tucson, AZ 85723
Fax: (520) 629-1753
Email: Mandy.Martell@va.gov

1. “Application for Voluntary Service” – VA Form 10-7055
2. Parental Consent for Youth Volunteers
3. “Contract of Commitment”
4. Two Recommendation Forms- (recommendations from relatives will not be accepted)
5. Essay; **Please see attachment** (one page typed, double spaced)

Applicants will be notified by May 1, 2018 if they have been accepted into the SAVAHCS SERVE Program.
Students Volunteering for Veterans
Important Dates to Remember

- **Friday, March 2, 2018** - Deadline to Submit SERVE volunteer application
- **Saturday, May 19, 2018** - Volunteer Orientation 9:00 a.m. - 11:00 a.m. **
- **Wednesday, May 23, 2018** - Volunteer Orientation 5:00 p.m. - 7:00 p.m. **
- **Monday, June 4, 2018** - First day of Volunteering
- **Friday, July 13, 2018** - Youth Volunteer Recognition Party
- **Friday, July 27, 2018** – Last day of summer SERVE Program

**Serve Program volunteers with their parent/guardian only need to attend one of the volunteer orientations.**
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

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. 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.

VAVS Program Manager - Appointing Official Signature  Date

OFFICE USE ONLY

1. SUPERVISOR  2. SUPERVISOR PHONE NUMBER

3. ORIEnATIONS  4. UNIFORM

COMMENTS  NAME AND TITLE OF REVIEWER  DATE

VA FORM FEB 2016 10-7055

EXISTING STOCK OF VA FORM 10-7055, MAY 2007, WILL BE USED.
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.
Volunteer Youth Name (Printed): ____________________________

The purpose of this form is to obtain parental/guardian permission for the following
1. PPD Tuberculin Skin Test
2. Emergency Treatment

To be accepted into the SERVE Program this form must be completed thoroughly.

It is the policy at this facility that all (adult and youth) prospective volunteers have a PPD Tuberculin skin test conducted (or proper verification of test) prior to beginning any volunteer services. For those unable to have a PPD Tuberculin skin test, alternatives will be reviewed. Potential volunteers may not volunteer until verification of a PPD Tuberculin skin test reading has been obtained.

PPD Tuberculin Skin Test

After the PPD Tuberculin Skin Test has been administered, the potential volunteer must have the skin test read within 48 hours for verification by a certified nursing or medical professional. The volunteer must report back to SAVAHCS for this reading, or if it is more convenient, to another certified medical professional (i.e. nurse, physician, etc.). The verification must be submitted back to the Voluntary Service Office. If you have tested positive to a PPD Tuberculin Skin Test in the past, please notify the Voluntary Service Office.

Initial one of the sections below indicating where you will receive your TB Test.

SAVAHCS TB Test

____ (Parent/Guardian Initials) I understand that a PPD Tuberculin Skin Test is a requirement for anyone wishing to volunteer at the Southern Arizona VA Health Care System and agree to have a PPD Tuberculin skin test administered.

Or,

Outside TB Test

____ (Parent/Guardian Initials) I understand that a PPD Tuberculin Skin Test is a requirement for anyone wishing to volunteer at the Southern Arizona VA Health Care System and that I have had a PPD Tuberculin skin test administered within the previous 12 months, with a negative reading. I have provided appropriate documentation for verification. (Please attach documentation with the application).

Please complete section below:

My signature below indicates my permission to have the above named youth volunteer applicant receive a PPD Tuberculin Skin Test.

Printed Name of Parent/Legal Guardian ____________________________ Relationship ____________________________

Signature of Parent/Legal Guardian ____________________________ Date ____________________________
Emergency Treatment

In case of injury or emergency, my signature below indicates my permission for the Southern Arizona VA Health Care System to begin evaluation and treatment of the above named individual.

Please complete section below:

<table>
<thead>
<tr>
<th>Printed Name of Parent/Legal Guardian</th>
<th>Relationship</th>
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<table>
<thead>
<tr>
<th>Signature of Parent/Legal Guardian</th>
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</table>
Students Volunteering for Veterans
Contract of Commitment

If selected as a youth volunteer in the SERVE Program:

1. I understand my parent/guardian and I must attend one of two mandatory orientations.
2. I will conduct myself in a professional manner in accordance with the SAVAHCS’ Policies and Standards, which are listed in the Volunteer Handbook.
3. I will discuss with my supervisor or the Voluntary Service staff any concerns I might have about my volunteer responsibilities.
4. I understand this program is open to youth applicants ages 14 - 18. The SERVE Program is an eight week program running from June 4th - July 27th. I commit to volunteer a minimum of six weeks during this time frame. **Students must meet this requirement to participate.**
5. I will adhere to the agreed upon work hours and breaks for my assignment.
   a) I understand the SERVE Program hours of operation are Monday through Friday, 8:00 a.m. - 4:30 p.m. I may only volunteer during these hours; a maximum eight hours per day, with scheduled breaks approved by my supervisor.
   b) I understand my commitment is for a minimum of 16 hours per week and a maximum of 24 hours during the summer SERVE Program.
   c) I understand it is my responsibility to contact my supervisor when I am unable to come in for my scheduled volunteer time.
6. I will consider all information concerning any patient, nurse, doctor, or employee of SAVAHCS as confidential.
7. I understand it is my responsibility to dress appropriately. While on duty as a volunteer, I must always appear neat and clean. I will dress in compliance with volunteer policies.
8. While volunteering, I will wear my SERVE program t-shirt provided by Voluntary Service.
9. I understand it is my responsibility to wear my volunteer identification badge at all times while on duty as a volunteer.
10. I will remain in my assigned volunteer area at all scheduled times unless otherwise approved by my supervisor.

**SEPARATION from Service**

SAVAHCS reserves the right to separate a volunteer from their duties if the action is in the best interest of the hospital and/or volunteer. Such action could result from:

1. Failure to comply with hospital regulations.
2. Personal conduct, attitude, or appearance unbefitting SAVAHCS staff.
3. Unable to perform work assigned.

Printed Name of Youth Volunteer: ______________________________________________________

Signature of Youth Volunteer: ___________________________________________ Date: __________

Printed Name of Parent/Guardian: ________________________________________________

Signature of Parent/Guardian: ________________________________________ Date: __________
The SERVE Program is an eight-week program running from June 4th - July 27th and students must be available a minimum of six weeks during this time frame to be eligible to participate.

SERVE youth volunteers must commit to a minimum of 16 hours per week and a maximum of 24 hours during the summer SERVE Program.

Please indicate the hours you are available to volunteer.

Monday _______ AM to _________ PM
Tuesday _______ AM to _________ PM
Wednesday _______ AM to _________ PM
Thursday _______ AM to _________ PM
Friday _______ AM to _________ PM

Are there any dates you will not be available due to other commitments such as summer school, camps, family vacation, etc.

Week One (June 4th - June 9th): ________________________________

Week Two (June 11th - June 15th): ______________________________

Week Three (June 18th - June 22nd): _____________________________

Week Four (June 25th – June 29th): ______________________________

Week Five (July 2nd - July 6th): _________________________________

Week Six (July 9th – July 13th): _________________________________

Week Seven (July 16th - July 20th): ______________________________

Week Eight (July 23rd- July 27th): _______________________________

PARENT/GUARDIAN SIGNATURE OF APPROVED SCHEDULE: ___________________________ Date: __________

What size T-Shirt do you wear (T-shirts sizes are unisex)? ___________________________________________
Please attach a one page, typed, double spaced essay to the application package:

Please choose one quote that resonates with you and write about why is important to you.

1. The best way to find yourself, is to lose yourself in the service of others ~ Ghandi

2. Only by giving are you able to receive more that you already have ~ Jim Rohn
Students Volunteering for Veterans
Youth Recommendation Form

Youth Applicant’s Name (Print): ________________________________

The applicant listed above is applying to become a youth volunteer for the 2018 SERVE Program—Students Volunteering for Veterans at the Southern Arizona VA Health Care System. References must not be a relative of the applicant. As part of the application process, please complete the following recommendation form by MARCH 2, 2018 and send to:

Southern Arizona VA Health Care System
Voluntary Service (9-135)
Attn: Mandy Martell
3601 S. 6th Ave
Tucson, AZ 85723

Phone (520) 629-1822
Fax: (520) 629-1753
Email: Mandy.Martell@va.gov

Name of Reference: ____________________________________________
Title: _______________________________________________________
Agency/Organization: _________________________________________
Phone: ___________________________ Email: _____________________

How long and in what capacity have you known the youth applicant:
__________________________________________________________________________________________________________

1. How do you feel the youth applicant rates in the following categories:

<table>
<thead>
<tr>
<th>Skills</th>
<th>1= Poor</th>
<th>2= Weak</th>
<th>3= Average</th>
<th>4= Strong</th>
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<td>Communicates ideas effectively (written &amp; oral)</td>
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2. In general, please indicate your overall recommendation for this youth applicant.

Highly recommend ________ Recommend ________ Do not recommend ________

Signature of Reference ___________________________________________ Date: ___________________

Recommendations from relatives will not be accepted
Students Volunteering for Veterans
Youth Recommendation Form

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