Instructions:
** Prior to beginning this Application Packet, please download the Volunteer Handbook from:  [http://www.chillicothe.va.gov/giving/](http://www.chillicothe.va.gov/giving/)

You will need to read the handbook and review training documents prior to completing the volunteer orientation test.

1) Please fill in pages 1 & 2 of the volunteer application, VA FORM 10-7055: OP-714 (538). Also complete page 3 if applying to be a volunteer driver, or page 4 if you’re under the age of 18 (parent or guardian signature also required here). **RETURN ALL 4 PAGES OF THE APPLICATION.**

2) Complete the volunteer orientation test (Pages 5 &6).

3) *Print this packet* (This form cannot be saved as a completed application. It must be printed or all entered information will be lost).

4) Sign and date the volunteer application, the completed orientation test, the Statement of Commitment and Understanding (Page 7), the Certificate of Training (Page 8), and the VA Privacy Training for Personnel without Access to VAComputer Systems or Direct Access or Use to VA Sensitive Information (Pages 9, 10, and 11).

5) You can make an appointment to deliver this packet to Chillicothe VA’s Voluntary Service by calling 740/773-1141, extension 7420. If you prefer to mail the packet, send to:

VA Medical Center
ATTN: Voluntary Service (135)
17273 State Route 104
Chillicothe, OH 45601

**NOTE:** *You MUST have an appointment to be processed.*
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.

<table>
<thead>
<tr>
<th>NAME (Last, First, Middle Initial)</th>
<th>ADDRESS (Street, City, State, Zip Code)</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TELEPHONE NUMBER</td>
<td>SOCIAL SECURITY NUMBER</td>
<td>COUNTY:</td>
</tr>
<tr>
<td>E-MAIL ADDRESS (Optional)</td>
<td>EXPERIENCE AND TRAINING (Special skills/Abilities)</td>
<td></td>
</tr>
<tr>
<td>RESTRICTIONS OR LIMITATIONS OF SERVICE (Health concerns, medications, allergies, etc.)</td>
<td>AVAILABILITY (Days and time)</td>
<td></td>
</tr>
<tr>
<td>IN CASE OF EMERGENCY PLEASE CONTACT (Name, Relationship, Phone Number)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARE YOU A VETERAN? YESNO</td>
<td>DO YOU RECEIVE YOUR HEALTH CARE AT ANY VAMC? YESNO</td>
<td></td>
</tr>
<tr>
<td>ARE YOU NOW OR HAVE YOU BEEN AN INPATIENT IN A VA FACILITY IN THE PAST 6 MONTHS? YESNO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARE YOU CURRENTLY RECEIVING SERVICES AT OR IN THE AREA WHERE YOU WANT TO VOLUNTEER? YESNO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HAVE YOU PREVIOUSLY VOLUNTEERED AT A VA MEDICAL CENTER? YESNOWHERE/WHEN?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 SignatureDate

STUDENT VOLUNTEERS AND PARENTS/GUARDIANS MUST COMPLETE PAGE 4

NOTE: COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE INTO THE VAVS PROGRAM.

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 SignatureDate

VA FORM 10-7055 EXISTING STOCK OF VA FORM 10-7055, FEB 1999, WILL BE USED.
MAY 2007
OP-714 (538)
MAR 2013
Background Information

1. Have you ever been convicted of, or forfeited collateral for, any felony violation? (Generally, a felony is defined as any violation of law punishable by imprisonment of longer than one year, except for violations called misdemeanors under State law which are punishable by imprisonment of two years or less.) YES  NO

2. Have you ever been convicted of, or forfeited collateral for, any firearms or explosives violation? YES  NO

3. Are you now under charges for any violation of the law or under a restraining order of any type? YES  NO

4. During the last 10 years have you forfeited collateral, been convicted, been imprisoned, been on probation or been on parole? Do not include violations reported above. YES  NO

5. Have you ever been convicted by a military court-martial? If no military service, answer "NO." YES  NO

6. List last previous address:

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>County</th>
</tr>
</thead>
</table>

7. If you answered “yes” to any question 1 through 5, please provide the following information:
   a. Month and year incident(s) occurred.

   b. Where did incident(s) occur? (County, City, State)

   c. Was/were incident(s) felony/felonies or misdemeanor(s)? (Circle one) Was time served? _____ Yes _____________ Length of Time Served _____ No Are you currently on probation? _____ Yes _____________ Probation Period _____ No Is there any other information you wish to provide concerning incident(s)?

   Thank you for your honesty.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

VOLUNTEER SIGNATURE: ______________________________________ DATE: ______________________

(Your signature also serves as consent for the VA to conduct a formal background check/investigation.)
TO BE COMPLETED BY APPLICANTS TO THE DAV TRANSPORTATION NETWORK

Note: Individuals interested in participating in the transportation program must provide proof of a valid driver’s license and current automobile insurance prior to being accepted in the Transportation Program and thereafter as updated. Those individuals interested in serving as volunteer drivers must pass a physical exam prior to acceptance into the program and every four years thereafter or as warranted, and a physical fitness inquiry annually between physicals.

Drivers License Number: ____________________________ State: ____________________________ Restrictions: ____________________________

Date Issued: ____________________________ Date Expired ____________________________ Vehicle to be used (circle all applicable):

*P.O.V.  *Government Van  Golf Cart

(*Complete SF 78, Certificate of Medical Examination)

Auto Insurance Effective Dates: ____________________________ Have you ever been charged with a traffic violation or DUI in the past five years? YES NO

Do you have any outstanding traffic violations? YES NO If you answered “YES” to either of the previous questions, please explain:

Do you consent to allow the VA to review your Driving and Medical History? YES NO

VOLUNTEER SIGNATURE: ____________________________ DATE: ____________________________

OFFICE USE ONLY

1. SUPERVISOR ____________________________ 2. SUPERVISOR PHONE NUMBER ____________________________

3. ORIENTATIONS ____________________________ 4. UNIFORM ____________________________

Comments:

Name and Title of Interviewer ____________________________ 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 diagnoses and/or emergency medical treatment if injured while volunteering.

Signature____________________________________________

Date _________________
New Volunteer Orientation Test

This test is to be taken after you read the Volunteer Handbook and review training documents. A score of 100% is necessary for appointment as a volunteer/WOC (without compensation employee).

1) The mission of the Chillicothe VA Medical Center is to NOT put Veterans first:
   True   False

2) When talking with patients, topics of interest should include religion, politics, illness and treatment and personal and organizational problems:
   True   False

3) The fire and police emergency telephone numbers are:
   444, 222
   4444, 2222
   4421, 2911

4) Safety is everyone’s business. Practice it daily:
   True   False

5) In the event of a fire, run up and down the halls screaming “fire” to ensure everyone hears you.:
   True   False

6) You may enter a room with a sign noting “isolation” or “no contact” area without notifying staff:
   True   False

7) Volunteers are to accept the rules—do not criticize what is not understood and offer suggestions or ask questions about things you do not understand, but don’t complain:
   True   False

8) Volunteers should not report for assignments if they are not well or if they have been exposed to a contagious disease:
   True   False

9) Patient abuse (verbal, physical, emotional) will not be tolerated. Any incidents of patient abuse must be reported immediately to the Voluntary Service Program Manager:
   True   False

10) Cell phones may only be used for phone calls (no photos) on a limited basis in non-patient care areas and in those patient care areas where they are not prohibited:
    True   False

11) Do not give a home address or phone number to patients:
    True   False

12) As a volunteer, you need to record hours worked (sign in) every single day you volunteer:
    True   False

13) Volunteers are required to uphold the ethics, mission, vision and values of the medical center, avoid the exploitation of professional and organizational relationships for personal gain, refrain from participating in any activity, endorsement or publicity that demeans the credibility of the medical center, and enhance the dignity and image of the medical center through positive information programs.
    True   False
14) Volunteer uniforms are not required, however, all volunteers must wear his/her VA ID badge when on duty:
True   False

15) Should you learn confidential information about a patient in our care, you are allowed to share that information with other individuals:
True   False

16) If you feel you have been the object of verbal or physical harassment, you should immediately tell as many volunteers as possible in an effort to protect them:
True   False

17) Respecting and providing for patients' privacy is everyone's responsibility:
True   False

18) No glass, cameras, video cameras, medications or products containing alcohol can be taken onto patient units:
True   False

19) You can shop for patients if they give you their money:
True   False

20) You should knock on patients' doors prior to entering their rooms:
True   False

Print Name: ________________________________________

Signature: __________________________________________

Date: _______________________________________________
Statement of Commitment and Understanding

As an employee of the Department of Veterans Affairs (VA), I am committed to safeguarding the personal information that Veterans and their families have entrusted to the Department. I am also committed to safeguarding the personal information which VA employees and applicants have provided.

To ensure that I understand my obligations and responsibilities in handling the personal information of Veterans and their families, I have completed both the annual General Privacy Awareness Training (or VHA Privacy Training, as applicable) and the annual VA Cyber Security Training. I know that I should contact my local Privacy Officer, Freedom of Information Act Officer, Information Security Officer, or Regional or General Counsel representative when I am unsure whether or how I may gather or create, maintain, use, disclose or dispose of information about Veterans and their families, and VA employees and applicants.

I further understand that if I fail to comply with applicable confidentiality statutes and regulations, I may be subject to civil and criminal penalties, including fines and imprisonment. I recognize that VA may also impose administrative sanctions, up to and including removal, for violation of applicable confidentiality and security statutes, regulations and policies.

I certify that I have completed the training outlined above and am committed to safeguarding personal information about Veterans and their families, and VA employees and applicants.

________________________________________________________________

[Print or type volunteer name] Volunteer Signature

________________________________
Date
CERTIFICATE of TRAINING

I, _________________________________ (//), Print Name

Date of Birth (mm/dd/year)

I hereby confirm that I have received Volunteer Safety Orientation and was provided an information packet to keep for future annual training reference concerning the following topics:

- Infection Control
- Fire and Safety
- Privacy Act
- Sexual Harassment
- Hazardous Material Management
- Equipment and Utilities Management

I understand that intentional violation of these safety standards may result in termination from the Voluntary Service program.

________________________________________  ___________________________
Signature                                      Date

Please complete this document, then submit it to Voluntary Service Secretary to receive credit for your training,
VAF 10-111 (538) Sept 2011
VA Privacy Training for Personnel without Access to VA Computer Systems
or Direct Access or Use to VA Sensitive Information

The Department of Veterans Affairs, VA, must comply with all applicable privacy and confidentiality statutes and regulations. One of the requirements in VA is to have all personnel trained annually on privacy requirements. “Privacy” represents what must be protected by VA in the collection, use, and disclosure of personal information whether the medium is electronic, paper or verbal.

This document satisfies the “basic” privacy training requirement for a contractor, volunteer, or other personnel only if the individual does not use or have access to any VA computer system such as Time and Attendance, PAID, CPRS, VistA Web, VA sensitive information or protected health information (PHI), whether paper or electronic. You will find this training outlines your roles and responsibility for protecting VA sensitive information (medical, financial, or educational) that you may incidentally or accidentally see or overhear.

If you have direct access to protected health information or access to a VA computer system where there is protected health information such as CPRS, VistA Web, you must take “Privacy and HIPAA Focused Training” (TMS 10203). “VA Privacy and Information Security Awareness and Rules of Behavior” (TMS 10176) is always required in order to use or gain access to a VA computer systems or VA sensitive information, whether or not protected health information is included. Both trainings are located within the VA Talent Management System (TMS): https://www.tms.va.gov

What is VA Sensitive Information/Data?
All Department information and/or data on any storage media or in any form or format, which requires protection due to the risk of harm that could result from inadvertent or deliberate disclosure, alteration, or destruction of the information. The term includes not only information that identifies an individual but also other information whose improper use or disclosure could adversely affect the ability of an agency to accomplish its mission, proprietary information, and records about individuals requiring protection under applicable confidentiality provisions.

What is Protected Health Information?
The HIPAA Privacy Rule defines protected health information as Individually Identifiable Health Information transmitted or maintained in any form or medium by a covered entity, such as VHA.

What is an “Incidental” Disclosure?
An incidental disclosure is one where an individual’s information may be disclosed incidentally even though appropriate safeguards are in place. Due to the nature of VA communications and practices, as well as the various environments in which Veterans receive healthcare or other services from VA, the potential exists for a Veteran’s protected health information or VA sensitive information to be disclosed incidentally.
For example:

- You overhear a healthcare provider’s conversation with another provider or patient even when
  the conversation is taken place appropriately.
- You may see limited Veteran information on sign-in sheets or white boards within a treating area
  of the facility.
- Hearing a Veteran’s name being called out for an appointment or when the Veteran is being
  transported/escorted to and from an appointment.

**Safeguards You Must Follow To Secure VA Sensitive Information:**

- Secure any VA sensitive information found in unsecured public areas (parking lot, trash can, or
  vacated area) until information can be given to your supervisor or Privacy Officer. You must
  report such incidents to your Privacy Officer timely.
- Don’t take VA sensitive information off facilities grounds without VA permission unless the VA
  information is general public information, i.e., brochures/pamphlets.
- Don’t take pictures using a personal camera without the permission from the Medical Center
  Director.
- Any protected health information overheard or seen in VA should not be discussed or shared
  with anyone who does not have a need to know the information in the performance of their
  official job duties, this includes spouses, employers or colleagues.
- Do not share VA access cards, keys, or codes to enter the facility.
- Immediately report lost or stolen Personal Identity Verification (PIV) or Veteran Health
  Identification Cards (VHIC), any VA keys or keypad lock codes to your supervisor or VA
  police.
- Do not use a VA computer using another VA employee’s access and password.
- Do not ask another VA employee to access your own protected health information. You must
  request this information in writing from the Release of Information section at your facility.

**What are the Six Privacy Laws and Statutes Governing VA?**

1. **Freedom of Information Act (FOIA)** compels disclosure of reasonably described VA records or a
   reasonably segregated portion of the records to any person upon written request unless one or
   more of the nine exemptions apply.
2. **Privacy Act of 1974** provides for the confidentiality of personal information about a living
   individual who is a United States citizen or an alien lawfully admitted to U.S. and whose
   information is retrieved by the individual’s name or other unique identifier, e.g. Social Security
   Number.
3. **Health Insurance Portability and Accountability Act (HIPAA)** provides for the improvement of
   the efficiency and effectiveness of health care systems by encouraging the development of health
   information systems through the establishment of standards and requirements for the electronic
   transmission, privacy, and security of certain health information.
4. **38 U.S.C. 5701** provides for the confidentiality of all VA patient and claimant information, with
   special protection for their names and home addresses.
5. **38 U.S.C. 7332** provides for the confidentiality of drug abuse, alcoholism and alcohol abuse,
   infection with the human immunodeficiency virus (HIV) and sickle cell anemia medical records
   and health information.
6. **38 U.S.C. 5705** provides for the confidentiality of designated medical-quality assurance
   documents.
What are the Privacy Rules Concerning Use and Disclosure?
You are not authorized to use or disclose protected health information. In general, VHA personnel may only use information for purposes of treatment, payment or healthcare operations when they have a need-to-know in the course of their official job duties. VHA may only disclose protected health information upon written request by the individual who is the subject of the information or as authorized by law.

How is Privacy Enforced?
There are both civil and criminal penalties, including monetary penalties that may be imposed if a privacy violation has taken place. Any willful negligent or intentional violation of an individual’s privacy by VA personnel, contract staff, volunteers, or others may result in such corrective action as deemed appropriate by VA including the potential loss of employment, contract, or volunteer status.

Know your VA/VHA Privacy Officer and Information Security Officer. These are the individuals to whom you can report any potential violation of protected health information or VA sensitive information, or any other concerns regarding privacy of VA sensitive information.

YOU ARE RESPONSIBLE FOR PROTECTING THE CONFIDENTIAL INFORMATION OF OUR VETERANS

Volunteer (Print Name) Date

Volunteer Signature

Print Name of VHA Department/Supervisor/Contracting Officer

PROVIDE A COPY OF THIS FORM TO YOUR SUPERVISOR/CONTRACTING OFFICER FOR DATA ENTRY INTO TALENT MANAGEMENT SYSTEM