# Volunteer Checklist

**Name** (Please Print):

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name Initial</th>
</tr>
</thead>
</table>

## 1. Voluntary Service

- [ ] Volunteer Application Completed
- **Voluntary Staff Signature:**

## 2. Using Service

**Department/Service/Assignment**

**Computer Access (Circle):** NETWORK | OUTLOOK | VISTA

*If VISTA access, please list menus needed:*

**Supervisor Name (Printed):**

**Supervisor Signature:**

**Ext.:**

***Contact your Voluntary Service Department Before Proceeding to Next Steps Below***

## 3. Vista Registration

**Admitting & Eligibility / Voluntary**

**Staff Signature:**

## 4. Fingerprinting

***Must bring government issued photo ID (passport, driver's license, school ID, etc.)***

**Days/Times:**

- Voluntary Service Office
  - Mondays – Fridays
  - 8AM—2:30PM

**Date Fingerprinted:**

**VA-CABS Entry:**

**Voluntary Staff Signature:**

**Date Cleared:**

## 5. Quantiferon Blood Test

***Must bring govt. issued photo ID & know your social security number***

**Location:** Blood Draw Lab

**Days:** Mondays – Thursdays

**Date Test Ordered:**

**Date Cleared:**

## 6. Online Orientation

**Date Completed:**

**Voluntary Specialist Signature:**

**Staff Use Only**

**TMS Given?** □ YES □ N/A

- **Date TMS Completed:**
- **Date of Access:**

**Date Entered Into VSS:**

- **Reactivation:**

**Circle One:** FLASH or NON-PIV

**Volunteer Code:**

- **3 Hours for Training**

**Voluntary Sponsor Signature:**

**PIV ID #:**

**Date Sponsored:**

**Date Badge Email Sent:**
Youth Volunteer Acknowledgement and Consent

**STUDENT VOLUNTEER:** If accepted, I agree to adhere to the policies and procedures of this VA Palo Alto Health Care Systems (VAPAHCS) 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.

**NOTE TO STUDENTS AND PARENTS:** The VAPAHCS is on federal property 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.

**ATTENTION:** With some volunteer positions at VAPAHCS, volunteers may unlikely be exposed to biological organisms including, but not limited to, flu strains, meningitis, hepatitis, HIV, measles, etc. Also, while attending rotations, or when assisting staff, situations may arise including exposure to uncomfortable or triggering episodes of patient nudity, along with sight, sounds, and smells of bodily functions and stressful human conditions that some may find uncomfortable or inappropriate.

**PARENT/GUARDIAN:** The above-named student has my consent as parent/guardian to serve as a Student Volunteer in this VA Palo Alto Health Care Systems. 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.

Youth Signature: __________________________   Parent Signature: __________________________
Printed Name: ___________________________      Printed Name: _____________________________
Date: ______________          Date: _____________

*NOTE: Completion of this application does not guarantee acceptance into this program.*
### VA-CABS FINGER PRINT SUBJECT PROFILE POSITION QUESTIONAIRE

<table>
<thead>
<tr>
<th>DATE:</th>
<th>APPT TIME:</th>
<th>WALK-IN TIME:</th>
<th>COURTSEY PRINT:</th>
<th>SON:</th>
<th>SOI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td>YES: ☐ NO: ☐</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**COMPLETE LEGAL NAME:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name or NMN</th>
</tr>
</thead>
</table>

**DATE OF BIRTH:**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

**SOCIAL SECURITY NUMBER:**

<table>
<thead>
<tr>
<th>First 3</th>
<th>Middle 2</th>
<th>Last 4</th>
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</thead>
</table>

**COUNTRY OF BIRTH:**

**STATE OF BIRTH:**

**CITY OF BIRTH:**

**ALIEN REGISTRATION #:**

**NATURALIZATION CERT #:**

**CITIZENSHIP COUNTRY:**

**PASSPORT #:**

**DUAL CITIZEN:**

YES: ☐ NO: ☐

**GENDER:**

MALE: ☐ FEMALE: ☐

**RACE (check one):**

- ☐ Asian/Pacific Islander
- ☐ African American
- ☐ Native American
- ☐ Caucasian
- ☐ Latino
- ☐ Unknown

**HEIGHT:**

<table>
<thead>
<tr>
<th>Feet</th>
<th>Inches</th>
</tr>
</thead>
</table>

**WEIGHT:**

<table>
<thead>
<tr>
<th>Lbs (pounds)</th>
</tr>
</thead>
</table>

**EYES (check one):**

- ☐ Black
- ☐ Blue
- ☐ Brown
- ☐ Gray
- ☐ Green
- ☐ Hazel

**HAIR (check one):**

- ☐ Black
- ☐ Blonde
- ☐ None
- ☐ Brown
- ☐ Red
- ☐ Gray
- ☐ White

**PERSONAL E-MAIL ADDRESS:**

**WORK PHONE:**

| () |

**HOME PHONE:**

| () |

**MOBILE:**

| () |

**ORGANIZATION:**

- ☐ VACO
- ☐ NCA
- ☒ VISN# 21
- ☐ VBA

**EMPLOYEE TYPE:**

- ☐ Employee
- ☐ Health Profession Trainee
- ☐ Volunteer
- ☐ Affiliate (Fee basis)
- ☐ Affiliate (Without Compensation)
- ☐ Veteran Service Organization
- ☐ Inter-Agency Detiallee

**JOB SERIES**

| (employees) | N/A |

**POSITION TITLE:**

| N/A |

**POSITION SENSITIVITY:**

| N/A |

**WORK E-MAIL ADDRESS:**

| N/A |

**CONTRACT COMPANY NAME**

| (contractor’s only) | N/A |

**SUPERVISOR’S NAME:**

| N/A |

**DUTY STATION PHYSICAL STREET ADDRESS:**

| N/A | N/A |

| City: | State: | Zip Code: |

**TIME FINGERPRINT STARTED:**

| N/A |

**TIME FINGERPRINT ENDED:**

| N/A |

**REGISTRAR’S INITIALS:**

| N/A |