VA SAN DIEGO HEALTH CARE SYSTEM
STUDENT VOLUNTEER APPLICATION FORM 2015
STUDENT NAME: _____
DATE: _____

The information requested on this form is solicited under the authority of Title 38, United States Code, Sec. 213 and will be used in the selection and placement of potential volunteers in the VA Voluntary Services Program. It will not be used for any other purpose. Disclosure 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 **(PLEASE PRINT)**		ADDRESS **(STREET, CITY, STATE & ZIP CODE)**	TELEPHONE NO.
DATE OF BIRTH	E Mail address	School name and address attending this fall:	Grade:

Memberships/Clubs/Organizations: Responsibilities:

Are you interested in a healthcare career? ☐ YES ☐ NO **If yes**, please indicate which career field.

Previous volunteer or employment experience **(Name, Place, and Duties):**

Have you ever been convicted of a crime? ____Yes ____No If YES, please explain:

AVAILABILITY: *PLEASE NOTE THAT YOU CAN CHOOSE ; HOURS VARY WITH ORGANIZATION NEEDS*

DAYS	**MONDAY**	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**
TIME:	_____	_____	_____	_____	_____
HOURS:	( )	( )	( )	( )	( )

Student Volunteer Pledge
If selected for volunteer service, I understand that:

(1) **I will be working** with patients, staff, and volunteer with equal respect as to race, color, religion, sex, age and national origin.

(2) **I must abide by hospital regulations, policies, and supervision**. I will be well groomed and I will abide by uniform and badge regulations.

(3) **I will conduct myself with dignity, courtesy and thoughtfulness**. The same standard of conduct will be expected of me as of all other employees of the medical center.

(4) **I hereby waive all claims to monetary benefits for services rendered** as a volunteer worker on a "without compensation basis". I understand that this waiver applies only to compensation for specific services rendered in the Voluntary Services Program and has no relation to any compensation for other services or benefits to which I may be entitled.

(5) **I will be punctual** (***Arriving and Leaving at Approved Tour of Duty Hours***) and I will be conscientious in the fulfillment of my duties; not **missing more than two weeks** of volunteer work this summer.

*_____

Student Signature & Date

Supervisor: Ext. Service/Section:

COMMENTS	NAME AND TITLE OF INTERVIEWER	DATE
Assignment:	Days Time Interviewer	
	Title:	

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EDUCATION

School Name: _____ Grade: _____

Are you 16 years of age or over? _____ Yes _____ No

SKILLS: DO YOU HAVE:

- ❑ **Typing skills**
- ❑ **Art and craft skills**
- ❑ **Computer skills**
- ❑ **Reading aloud**
- ❑ **Bilingual skills (Language)** _____
  (must have ability to translate medical terms)
- ❑ **Other skills not listed:** _____
  _____

AREAS OF INTEREST:

- ❑ **Patient Contact**
- ❑ **Non-Patient Contact**
- ❑ **Waiting Rooms**
- ❑ **Office Assistant**
- ❑ **Escort**
- ❑ **Clerical**
- ❑ **(Describe areas you would like to work in)**

_____
_____
_____
_____

REFERENCES
(This is required)

Personal References: List TWO people and phone numbers such as teachers, club sponsors, principals or counselors, etc. we could call to ask about you. If you are applying to volunteer for service learning credit, we will need a letter stating that you are accepted in your school's service learning program.

1.
_____
_____
_____

2.
_____
_____
_____

ORGANIZATION(S):
Please list any service organizations you would like your hours to be given to (ie: DAV, VFW, Optimist Club)

_____

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Student Volunteer Parental Approval

*_____ has my approval and support to work as a volunteer at the
(**Students name**) VA San Diego Health Care System

*_____ *_____
Parent/Guardian's Signature: Date:

Parent/Guardian Address:
*_____ *_____
_____ Phone:

*Please list any friends or relatives working for VA San Diego Health Care System:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

MUST BE COMPLETED

VOLUNTEER OFFICE INFORMATION ONLY

Combination Code: _____ Approved ___ or Disapproved ___
Organization _____
Schedule Workday: _____ Service:_____