

New Regular Scheduled Volunteer Process (1 October 2019)

Please follow the steps below to initiate the volunteer process.

Step One: Contact Voluntary Service at 515-699-5818 or email VHACIHVoluntary@va.gov to inquire about open positions.

Step Two: Complete the [Volunteer Application, Form 10-7055](#) (attached) and [Volunteer Interest and Disclosure Form](#) (attached). Complete both forms and return to the Voluntary Service office, (You may drop off, email to VHACIHVoluntary@va.gov or fax to (515) 699-5875. We will also need a copy of a valid Driver's License or Official Identification Card with your application.

To become a Regular Scheduled Volunteer, you will have to complete Fingerprints and Background Check and receive a Volunteer ID Badge or what we call a PIV Card. We will make every effort to accomplish as much of the on-boarding process as quickly as we can, usually this will take three separate visits, Fingerprint and Background Check, Orientation and PIV Sponsorship and a PIV Appointment to get your PIV Card, we understand your time is valuable, with prior coordination we may be able to complete your requirements in two visits on separate days.

**** (Please do not move on to the next step until Voluntary Services at the Central Iowa VA has reviewed your Volunteer Application, form 10-7055 and Volunteer Interest and Disclosure Form and determined an appropriate Volunteer Assignment for you.)**

Step Three: Schedule Fingerprints, please contact Voluntary Services to schedule your appointment by calling the Voluntary Service Office at 515-699-5818 or email VHACIHVoluntary@va.gov. **Note: You must schedule this appointment, do not go without a scheduled appointment. Drop in appointments will not be accepted by the PIV Office.**

Step Four: Fingerprints and Background Check appointment:
Items to bring to your appointment:

- One valid ID from the **Primary Identity Source Document** from the PIV Credential Identity Verification Sheet (attached).

We will contact you when your fingerprints have cleared. Please be patient, this takes some time depending on the volume at the HR Office.

**** (You cannot move forward to Step Five until your Finger Prints and Background check have been cleared.)**

Step Five: Schedule your orientation by calling the Voluntary Service Office at 515-699-5818 or email VHACIHVoluntary@va.gov.

Note: If you would like to conduct your orientation the same day as you get your PIV Card you must schedule your PIV Sponsorship with the Voluntary Service Office prior to making your PIV appointment.

Step Six: General Volunteer Orientation – You will receive a face to face orientation on Volunteering at the Central Iowa VA. Please plan on spending about 2 – 3 hours depending on your assignment. Several Volunteer assignments may require a longer more in-depth orientation.

Step Seven: PIV Sponsorship (1st step of the process to obtain a Volunteer ID Badge / PIV Card).

This step must be done before making your PIV Appointment. PIV Office will not schedule your appointment until you have been sponsored by the Voluntary Service Office.

Step Eight: After you have completed your PIV Sponsorship, ***you must make an appointment by calling with the PIV office (515) 699-5999 ext. 24888 or 24899***, If you get a voicemail, please leave a message, the PIV office will call you back and schedule your appointment, do not go without a scheduled appointment.

Step Nine: Volunteer ID Card / PIV Card Appointment:

Items to bring to your appointment: ***You must have both documents.***

- One valid ID from the ***Primary Identity Source Document*** from the PIV Credential Identity Verification Sheet (Attached).
- and
- One valid item from the ***Secondary Identity Source*** from the PIV Credential Identity Verification Sheet (Attached).

Once you have been issued your PIV Card you may now begin Volunteering at the Central Iowa VA. Depending on your assignment you may have some additional requirements you will need to complete such as receive a hospital tour, meet with or schedule a time to meet with your assigned supervisor, Service Specific Training, and Job Shadowing / Mentorship are a few examples.

NOTE: Volunteer Transportation Drivers (VTN) must complete New Driver Orientation in person. Contact your County Veterans Service Officer to initiate this process.

Thank you for your patience becoming a Central Iowa VA Hospital Volunteer and wish you the best in your Volunteer experience assisting our Veterans.



U.S. Department of Veterans Affairs

OMB Number 2900-0090
Estimated Average: 15 min.

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

DATE OF BIRTH

ORGANIZATION MEMBERSHIP(S) (Unit, Post, Chapter, if Affiliated)

ASSIGNMENT PREFERENCES

1. 2. 3.

SEX M F

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. 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 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 Interest and Disclosure Questionnaire

Name (First, Middle, Last): _____

Primary Phone Number: _____ E-Mail Address: _____

Home Address: _____

(For ID card placard use only: Must show proof of being a Veteran for ID placard)

Are you are a Veteran? Yes No
 Army Marines Navy Air Force Coast Guard

Are you at least 18 years of age? Yes No (If No, please list your age _____)

Please indicate your availability for the following shifts:

Select all that apply

- | | |
|--|--|
| <input type="checkbox"/> Weekday mornings (8am-12pm) | <input type="checkbox"/> 1-2 Days a Week |
| <input type="checkbox"/> Weekday afternoons (12pm-4pm) | <input type="checkbox"/> 2-3 Days a Week |
| <input type="checkbox"/> Weekday evenings (6pm-8pm) | <input type="checkbox"/> 3-4 Days a Week |
| <input type="checkbox"/> Sunday (chapel) | <input type="checkbox"/> 5 Days a Week |

Are you currently a college student? Yes No (If Yes, please list your school _____)

Are you fulfilling a school requirement? Yes No (If Yes, please explain in the space provide below)

Please select your employment status?

- Full-time Part-time Retired Self-employed Unemployed

What type of volunteer position interests you?

- Direct Patient Contact Limited Patient Contact No Patient Contact

Are you available to commit to volunteering **a total of at least 50 hours** (Required)? Yes No

Are you available to commit to volunteering for at least six months? Yes No

Have you been an **inpatient** with the VA CIHCS in the last **6 months**? Yes No

Are you currently or have you participated in the CWT program in the last **6 months**? Yes No

Are you a Federal employee? Yes No (If yes, which agency?) _____

Background Information

Failure to disclose requested information and/or falsifying information could result in disqualification from the Voluntary Service program.

Your answers to the following questions should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

Have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses)

Yes No (If yes, please explain in the space provide below)

Have you been convicted by a military court-martial? (If no military service, answer "NO.")

Yes No (If yes, please explain in the space provide below)

Are you currently under charges for any violation of law? Yes No (If yes, please explain in the space provide below)

Have you ever been fired from a position in a Federal Agency? Yes No (If yes, please explain in the space provide below)

Are you required to complete volunteer work due to a court mandated order (ex. court mandated community service)? Yes No (If yes, please explain in the space provide below)

Do you now or have you ever had a disruptive behavior flag place on your VA chart? Yes No (If yes, please explain in the space provide below)

(Volunteer Services Volunteer Request)
I Choose VA Badge Application/Change Request
For New Employees and Employees Changing Position
Attachment A

EMPLOYEE:

Employee Full Name: _____

(Check One): New Employee Position Change Volunteer

Preferred First Name for Badge: _____

Are you a physician? Yes No

“Serving Since” Year (based on years at VA, add DoD if desired): _____ (VS Staff will fill this out)

Military Branch: If you are a Veteran, Are you a CIH patient to Verify? Yes No

Army Marines Navy Airforce Coast Guard None

To be filled out by HUMAN RESOURCES (if new employee):

Service Line: _____

Badge Title: _____

To be filled out by new SERVICE LINE LEADER/SUPERVISOR (if change request):

Service Line: Voluntary Service _____

Badge Title: Volunteer _____

DELIVER COMPLETED BADGE TO:

Service Line/Location: _____

NEO:

Completed Form Should be Sent to Secretary, Quality & Safety, OOA

PIV Credential Identity Verification Matrix

All identity source documents shall be bound to the applicant and shall be neither expired or cancelled. **PIV and Non-PIV credentials require two forms of identification, one primary and one secondary. The secondary identity source document may be from the primary or secondary list, but if from the primary list it cannot be of the same type as the primary identity source document example.**

Flash Badges may be issued following review of a single primary or secondary identity document including applicant photograph. [FIPS 201-2](#)

Primary Identity Source Document	Secondary Identity Source Document
<ul style="list-style-type: none"> • A U.S. Passport or U.S. Passport Card • A Permanent Resident Card or Alien Registration Receipt Card (Form I-551) • A foreign passport • An Employment Authorization Document that contains a photograph (Form I-766) • A Driver's license or ID card issued by a State or possession of the United States provided it contains a photograph • A U.S. Military card • A U.S. Military dependent's ID card • A PIV Card 	<ul style="list-style-type: none"> • A U.S. Social Security Card issued by the Social Security Administration • An original or certified copy of a birth certificate issued by a state, county, municipality authority, possession or outlying possession of the U.S. bearing an official seal • An ID card issued by a federal, state, or local government agency or entity, provided it contains a photograph • A voter's registration card • A U.S. Coast Guard Merchant Mariner Card • A Certificate of U.S. Citizenship (Form N-560 or N-561) • A Certificate of Naturalization (Form N-550 or N-570) • A U.S. Citizen ID Card (Form I-197) • An Identification Card for Use of Resident Citizen in the United States (Form I-179) • A Certification of Birth Abroad or Certification of Report of Birth issued by the Department of State (Form FS-545 or Form DS-1350) • A Temporary Resident Card (Form I-688) • An Employment Authorization Card (Form I-688A) • A Reentry Permit (Form I-327) • A Refugee Travel Document (Form I-571) • An Employment authorization document issued by Department of Homeland Security (DHS) • An Employment Authorization Document issued by DHS with photograph (Form I-688B) • A driver's license issued by a Canadian government entity • A Native American tribal document