



DEPARTMENT OF VETERANS AFFAIRS
Medical Center
1700 South Lincoln Avenue
Lebanon, PA 17042

In Reply Refer to: 595/
Voluntary Services

Dear Prospective Volunteer:

Thank you for your interest in volunteering at Lebanon VAMC.

Volunteering at the VA requires an application process, interview, training, and orientation. It also requires an FBI background check via fingerprinting.

Enclosed you will find an Orientation book, Volunteer application, Request for Personal Identity Verification Card & Privacy forms. Please fill out the enclosed forms, and contact Jolyn Swift, Voluntary Service Assistant, at 717-272-6621, Ext. 4064, regarding a time slot you wish to come to our facility to return the completed documentation and have your fingerprints obtained.

Upon return of your background check information, we will contact you with the results and indicate if you have passed, and qualify to volunteer. If there are no violations, we will set up your orientation, badge issuance, and position placement.

If you do not pass the background check, we will notify you, and discuss the outcome.

While you wait for your background check results to return (approximately 3 weeks), please look over the volunteer placement possibilities list enclosed, to see where you may wish to be utilized as a volunteer at the Lebanon VAMC.

Thank you,


Scott W. Harman,
Chief, Voluntary Service
SWH/jms
Enclosures



Department of Veterans Affairs

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.

NAME (Last, First, Middle Initial)		ADDRESS (Street, City, State and Zip Code)		DATE
<input type="text"/>		<input type="text"/>		<input type="text"/>
Telephone Number	Email Address (Optional)			Date of Birth
<input type="text"/>	<input type="text"/>			<input type="text"/>
ORGANIZATION MEMBERSHIP(S) Unit, Post, Chapter, if affiliated)		ASSIGNMENT PREFERENCES		
<input type="text"/>		1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>

EXPERIENCE AND TRAINING (special skills/abilities)

RESTRICTIONS, LIMITATIONS OF SERVICE (Health concerns, medications, allergies, etc.)	AVAILABILITY (Days and times)
<input type="text"/>	<input type="text"/>

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., Section 513. This agreement may be canceled by either party upon written notice.) I hereby accept the volunteer appointment(s) as outlined above.

<input type="text"/>	<input type="text"/>
Volunteer's 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 <input type="text"/>	2. SUPERVISOR PHONE NUMBER <input type="text"/>
3. ORIENTATIONS <input type="text"/>	4. UNIFORM <input type="text"/>

COMMENTS	NAME AND TITLE OF REVIEWER	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 emergency medical treatment if injured while volunteering.

Signature _____

Date _____

NOTE: Completion of this application does not guarantee acceptance into this program.

I give permission for my son/daughter to be fingerprinted.

Signature of
Parent/Guardian

DATE



REQUEST FOR PERSONAL IDENTITY VERIFICATION CARD

PRIVACY ACT STATEMENT: VA is authorized to ask for the information requested on this form by Homeland Security Presidential Directive (HSPD)-12, and 31 USC 7701. The information and biometrics collected, collected as part of the Federal identity-proofing program under HSPD-12 are used to verify the personal identity of VA applicants for employment, employees, contractors, and affiliates (such as students, WOC employees, and others) prior to issuing a Department identification credential. The credentials themselves are to be used to authenticate electronic access requests from VA employees, contractors, and affiliates issued a Department identification credential to gain access to VA facilities and networks (where available) through digital access control systems, as well as to other federal government agency facilities and systems where permitted by law. The information collected on this form is protected by the Privacy Act, 5 USC Section 552(a) and maintained under the authority of 38 USC Section 501 and 38 USC Sections 901-905 in VA system of records "Police and Security Records-VA (103VA07B)". VA may make a "routine use" disclosure of the information in this system of records for the routine uses listed in this system of records, including: civil or criminal law enforcement, constituent congressional communications initiated at your request, litigation or administrative proceedings in which the United States is a party or has an interest, the administration of VA programs, verification of identity and status, and personnel administration by Federal agencies. Failure to provide all of the requested information may result in VA being unable to process your request for a Personal Identity Verification Card, or denial of issuance of a Personal Identity Verification Card. If you do not have a Personal Identity Verification Card, you may not be granted access to VA facilities or networks, which could have an adverse impact on your application to become, or status as, a VA employee, contractor or affiliate where such access is required to perform your assigned duties or responsibilities.

PAPERWORK REDUCTION ACT NOTICE: The public reporting burden is approximately 5 minutes including time to review instruction, find the information, and complete this form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (005E3), 810 Vermont Avenue, Washington, DC 20420.

SECTION I - APPLICANT INFORMATION

APPLICANT INFORMATION (Completed by Applicant)

1. LEGAL NAME OF APPLICANT <i>(Insert last, first, middle and suffix name)</i>		2. NICKNAME TO BE USED FOR APPLICANT <i>(Insert last name and first name, if applicable)</i>	
3. DATE OF BIRTH <i>(MM/DD/YYYY)</i>	4. SOCIAL SECURITY NO.	5. HOME PHONE NUMBER <i>(Include Area Code) (Optional)</i>	
6. HOME E-MAIL ADDRESS <i>(Optional)</i>		7. HOME ADDRESS	
8. SIGNATURE OF APPLICANT			9. DATE SIGNED

SECTION II - SPONSOR VERIFICATION (Completed by Sponsor)

PART A - APPLICANT EMPLOYMENT INFORMATION (Completed by Sponsor)

1. NAME AND ADDRESS OF FACILITY OR ASSIGNED DUTY STATION		2. NAME OF SPONSORING DEPARTMENT, SERVICE, OR SECTION, AND MAIL ROUTING SYMBOL <div style="text-align: center;">V</div>	
3. CREDENTIALS/ORGANIZATIONAL TITLE <i>(AKA Position/Job Title)</i>		4. COST CTR.	
5. WORK PHONE NUMBER <i>(If applicable)</i>		6. WORK E-MAIL ADDRESS	

PART B - TYPE OF REQUEST AND EMPLOYMENT STATUS (Completed by Sponsor)

1. TYPE OF REQUEST <input checked="" type="checkbox"/> NEW ID <input type="checkbox"/> RENEWAL <input type="checkbox"/> REPLACEMENT ID <i>(Damaged/Lost)</i> <input type="checkbox"/> CHANGE LEVEL OF ACCESS			
2. TYPE OF CARD <input type="checkbox"/> PERSONAL IDENTITY VERIFICATION (PIV) <input type="checkbox"/> VA (NON-PIV)		3. TYPE OF ACCESS <input type="checkbox"/> LOGICAL ACCESS <i>(Domain)</i> <input type="checkbox"/> PHYSICAL ACCESS <i>(Complete Part D)</i>	
4. EMPLOYMENT STATUS <input type="checkbox"/> VA EMPLOYEE <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> AFFILIATE <i>(Specify)</i> <input type="checkbox"/> TEMPORARY VA EMPLOYMENT			

PART C - PHYSICAL SECURITY ACCESS DATA (Completed by Sponsor)

1. SPECIAL SECURITY ACCESS REQUIRED <input type="checkbox"/> YES <i>(If "YES," Specify in Item 2)</i> <input type="checkbox"/> NO	2. SPECIFY LOCATION OF SPECIAL SECURITY <i>(i.e. tower, bldg. no., etc.)</i>	3. IS APPLICANT A KEY EMERGENCY RESPONDER, CRITICAL EMPLOYEE, OR NEITHER? <input type="checkbox"/> EMERGENCY RESPONDER <input type="checkbox"/> CRITICAL EMPLOYEE <input type="checkbox"/> NEITHER
--	--	--

PART D - TYPE OF BACKGROUND INVESTIGATION FOR POSITION (Completed by Sponsor)

TYPE OF BACKGROUND INVESTIGATION FOR POSITION
 SAC
 NACI
 SECRET
 TOP SECRET
 OTHER *(Specify)*

PART E - CONTRACTORS, AFFILIATES, AND TEMPORARY EMPLOYMENT INFORMATION (Completed by Sponsor)

1. EMPLOYMENT EXPIRATION DATE /CONTRACT END DATE <i>(MM/DD/YYYY)(For Contractors, Affiliates, and Temporary Employment)</i>	2. NAME OF FIRM OR COMPANY <i>(If applicable)</i>	
3. NAME OF CONTRACTING OFFICER TECH. REPR. <i>(If applicable)</i>	4. NAME OF RESPONSIBLE VA ORGANIZATION	5. MAIL ROUTING SYM.

PART F - SPONSOR AUTHORIZATION AND CERTIFICATION (Completed by Sponsor)

CERTIFICATION: I Certify under penalty of perjury that the information in Section II is true and correct.

1. NAME OF SPONSOR	2. SPONSOR CREDENTIALS/ORGANIZATIONAL TITLE	
3. CERTIFICATE NUMBER <i>(Issued by PCI Manager or Registrar)</i>	4. SIGNATURE OF SPONSOR	5. DATE SIGNED <i>(MM/DD/YYYY)</i>
6. WORK ADDRESS 3900 Woodland Ave Philadelphia, PA 19104	7. NAME OF SPONSOR'S DEPARTMENT, SERVICE, OR SECTION	
	8. WORK PHONE NUMBER <i>(Include Area Code)</i>	
	9. WORK E-MAIL ADDRESS	

SECTION III - APPLICANT IDENTITY VERIFICATION (Completed by Registrar)

INSTRUCTIONS: To be completed and signed by Registrar at the time of proofing. Review Section I - Applicant Information, and Section II - Sponsor Verification, assuring that information has been filled out correctly and signed accordingly. The identification must follow these guidelines:

- ⊙ Applicant must present two (2) forms of identification from the Accepted Identification Documentation List.
- ⊙ The names on the identification must match exactly (If one ID has a full middle name, and the other has a middle initial, then the initial must match).
- ⊙ One State or Federal ID must contain a photograph. ⊙ Both IDs must be original documents. ⊙ Both IDs must be currently valid, not expired.
- ⊙ Verify that the applicant has background information on file. If no evidence of a SAC exists, then capture fingerprint data and process accordingly.

PART A - BACKGROUND CHECK

1. TYPE OF BACKGROUND CHECK

	SAC <i>(Fingerprint Check)</i>	NACI	OTHER <i>(Specify)</i>
1A. DATE INITIATED BACKGROUND CHECK <i>(MM/DD/YYYY)</i>			
1B. DATE ADJUDICATED BACKGROUND CHECK <i>(MM/DD/YYYY)</i>			

2. FINGERPRINTS CAPTURE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "NO," proceed to Part B)</i>	3. SEX	4. RACE	5. HEIGHT	6. WEIGHT	7. EYES	8. HAIR	9. PLACE OF BIRTH
---	--------	---------	-----------	-----------	---------	---------	-------------------

10. NOTICABLE SCARS AND TATTOOS

PART B - PHOTOGRAPHIC IDENTIFICATION NUMBER 1

1. EXACT NAME LISTED ON PHOTO ID	2. DOCUMENT IDENTIFICATION NUMBER	3. EXPIRATION DATE <i>(MM/DD/YYYY)</i>
4. DOCUMENT TYPE	5. ISSUANCE DATE <i>(MM/DD/YYYY)</i>	6. ISSUING AUTHORITY

PART C - IDENTIFICATION NUMBER 2

1. EXACT NAME LISTED ON ID	2. DOCUMENT IDENTIFICATION NUMBER	3. EXPIRATION DATE <i>(MM/DD/YYYY)</i>
4. DOCUMENT TYPE	5. ISSUANCE DATE <i>(MM/DD/YYYY)</i>	6. ISSUING AUTHORITY

PART D - REGISTRAR INFORMATION AND SIGNATURE

1. WORK ADDRESS	2. PRINTED NAME OF REGISTRAR	
	3. NAME OF DEPARTMENT, SERVICE, OR SECTION	
	4. WORK PHONE NUMBER <i>(Include Area Code)</i>	5. WORK E-MAIL ADDRESS
6. DATE APPLICANT INITIATED BACKGROUND INVESTIGATION	7. APPLICANT'S REQUEST FOR PERSONAL IDENTITY VERIFICATION CARD ACTION TAKEN: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	

CERTIFICATION: I certify that under penalty of perjury that I have examined the documents presented by the above named person, and that the above listed documents appear to be genuine and to relate to the person named.

8. SIGNATURE OF REGISTRAR	9. DATE SIGNED <i>(MM/DD/YYYY)</i>
---------------------------	------------------------------------

SECTION IV - PERSONAL IDENTITY VERIFICATION CARD ACCEPTANCE

PART A - CARD INFORMATION (Completed by Issuer)

1. NEW PIV CREDENTIAL SERIAL NUMBER	2. OLD ACCESS ID CARD NUMBER	3. EXPIRATION DATE (MM/DD/YYYY)
-------------------------------------	------------------------------	---------------------------------

PART B - PERSONAL IDENTITY VERIFICATION CARD ACCEPTANCE (Completed by Applicant)

ACKNOWLEDGEMENT: I acknowledge receiving my identity credential and will comply with the following obligations:

- I have been provided training on the responsibilities associated with receipt of this Personal Identity Verification Card.
- I will use my Personal Identity Verification card in accordance with the training I have been provided.

CERTIFICATION: I certify that I have read and agree to the above statements and that I have received my card.

1. PRINTED NAME OF APPLICANT	2. APPLICANT SIGNATURE OF ACCEPTANCE	3. DATE SIGNED (MM/DD/YYYY)
------------------------------	--------------------------------------	-----------------------------

PART C - PUBLIC KEY INFORMATION (PKI) CERTIFICATE ACCEPTANCE (Completed by Applicant)

AUTHORIZATION STATEMENT

You have been authorized to receive one or more private and public key pairs and associated certificates. A private key enables you to digitally sign documents and messages and identify yourself to gain access to information systems and facilities. You may have another private key to decrypt data such as encrypted messages. People and electronic systems inside and outside VA will use public keys associated with your private keys to verify your digital signature, or to verify your identity when you attempt to authenticate to systems, or to encrypt data sent to you. The certificates and private keys will be issued on a token, for example your Personal Identity Verification Card. The token and the certificates and private keys on your token are government property. Users are authorized to use the certificates within VA, as well as while conducting business with other Federal, state, and Local Government agencies.

ACKNOWLEDGEMENT OF RESPONSIBILITIES

- I represent and warrant that the information provided in application for this certificate is accurate, current, and complete. If this information changes, I will notify my Registrar of the changes;
- I will use my certificate(s) and private key(s) for official purposes only;
- I will comply with the Certificate Practices Statement for selecting a Personal Identification Number (PIN) or other required method for controlling access to my private keys and will not disclose same to anyone, leave it where it might be observed, nor write it on the token itself;
- I understand that digital signatures applied using my digital certificates carry the same legal obligation as my physically signing the document;
- I understand that if I receive key management (encryption/decryption) key pairs on my token, copies of the private decryption keys have been provided to the key recovery database in case they need to be recovered; and
- I will report any compromise (e.g., loss, suspected or known unauthorized use, misplacement, etc.) of my PIN or token to my supervisor, security officer, Certification Authority (CA), or a Registrar, immediately.

LIABILITY

I will have no claim against VA arising from use of the PKI certificates, the key recovery process, or a Certification Authority's (CA) determination to terminate or revoke a certificate. VA is not liable for any losses, including direct or indirect, incidental, consequential, special, or punitive damages, arising out of or relating to any certificate issued by a VA CA.

GOVERNMENT LAW

VA Public Key Certificates shall be governed by the laws of the United States of America.

CERTIFICATION: I certify that I have read and agree to the above statements and that I have received my PKI certificate(s).

1. FULL LEGAL NAME OF APPLICANT	2. SIGNATURE OF ACCEPTANCE	3. DATE SIGNED (MM/DD/YYYY)
---------------------------------	----------------------------	-----------------------------

SECTION V - ISSUER (Completed by Issuer)

1. WORK ADDRESS	2. PRINTED NAME OF ISSUER
	3. NAME OF DEPARTMENT, SERVICE, OR SECTION
	4. WORK PHONE NUMBER (Include Area Code) 5. WORK E-MAIL ADDRESS

CERTIFICATION: I certify under penalty of perjury, that I have monitored the identity verification of the person above in accordance with applicable identity proofing processes and have witnessed that person sign this form.

6. SIGNATURE OF ISSUER	7. DATE SIGNED (MM/DD/YYYY)
------------------------	-----------------------------

.VA Form 0711 Completion Instructions

IMPORTANT: Carefully follow instructions for each section , especially with respect to who completes the section.

Section I- Applicant Information

Applicant Information - Completed by Applicant

- Item 1 - Enter Applicant's full legal name. (Should match IDs)
- Item 2 - Enter any Nickname to be used for Applicant. (NOTE: Applies only to new Applicant that does not have an E-mail account)
- Item 3 - Enter Applicant's date of birth.
- Item 4 - Enter Social Security Number.
- Item 5 - Enter Applicant's home phone number, including area code.
- Item 6 - Enter Applicant's personal home e-mail address.
- Item 7 - Enter Applicant's home mailing address.
- Item 8 - Applicant Signature.
- Item 9 - Date Signed.

Section II - Sponsor Verification - Completed by Sponsor

Part A - Applicant Employment Information - Completed by Sponsor

- Item 1 - Enter the facility or duty station, name and address, that applicant is assigned to.
- Item 2 - Enter name of Sponsoring Department, Service, Section and Mail Routing Symbol.
- Item 3 - Enter applicant's position job title
- Item 4 - Enter cost center.
- Item 5 - Enter Applicant's work phone number (As applicable).
- Item 6 - Enter work E-mail address.

Part B - Type of Request and Employment Status - Completed by Sponsor

- Item 1 - Check applicable box.
- Item 2 - Check applicable box based on type of appointment.
- Item 3 - Check applicable box. If Logical box is checked, enter Domain name.
- Item 4 - Check applicable box.

Part C - Physical Security Access Data - Completed by Sponsor

- Item 1 - Check applicable box.
- Item 2 - Enter location where access is needed.
- Item 3 - Emergency Responder is a person who has completed forty to sixty hours of Department of Transportation approved training in providing care for medical emergencies (otherwise known as a First Responder); Critical Employee is a Designated VA official/employee who requires access to a VA facility during emergency situations.

Part D - Type of Background Investigation for Position

- Item 1 - Check applicable box.

Part E - Contractors, Affiliates, and Temporary Employment Information - Completed by Sponsor

- Item 1 - Enter employment expiration date for contractors, affiliates, and temporary employment.
- Item 2 - Self Explanatory (As applicable).
- Item 3 - Enter full legal name of Contracting Officer's Technical Representative (COTR) (As applicable).
- Item 4 - Enter Name of Responsible VA Organization.
- Item 5 - Enter Mail Routing Symbol.

Part F - Sponsor Authorization and Certification - Completed by Sponsor

- Item 1 - Enter name of sponsor.
- Item 2 - Enter Sponsor Credentials and Organizational Title.
- Item 3 - Enter Certificate Number which is issued by the Registrar. Contact your Registrar if you do not know the number.
- Items 4-9 - Self explanatory.

Section III- Applicant Identity Verification - Completed by Registrar

Picture ID From Federal or State Government

State-Issued Drivers License
State DMV-Issued ID Card
U.S. Passport
Military ID Card
U.S. Coast Guard Merchant Mariner card
Foreign Passport with appropriate stamps
Permanent Resident Card or Alien Registration
Card with a photograph (INS Form I-151/I-551)
ID Card issued by federal or state government agencies

Non-Picture ID or Acceptable Picture ID not issued by Fed. or State Gov't

Social Security Card
Certified Birth Certificate
State Voter Registration Card
Native American Tribal Document
Certificate of U.S. Citizenship (INS Form N-560 or N-561)
Certificate or Naturalization (INS Form N-550 or N-570)
Certification of Birth Abroad Issued by the Department of State
(Form FS-545 or Form DS-1350)
Permanent or Temporary resident card
ID Card issued by local government agencies provided it includes
the following information: name, date of birth, gender, height,
eye color, and address
Non-photo ID Card issued by federal or state government agencies
provided it includes the following information: name, date of birth,
gender, height, eye color, and address
School ID with photograph
Canadian Drivers License
U.S. Citizen ID Card (Form I-179)

Part A - Background Check - Completed by Registrar

Item 1A - Enter date initiated background check for SAC, NACI, or Other (specify)
Item 1B - Enter date adjudicated background check for SAC, NACI, or Other (specify)
Item 2 - Check applicable box.
Item 3-9 - Self explanatory
Item 10 - Enter all noticable scars and tattoos and other distinguishable features.

Part B - Photographic identification number 1 - Completed by Registrar

Item 1 - Enter the full exact name as seen on the Applicant's ID.
Item 2 - Enter IDs number. (i.e. license number, passport number)
Item 3 - Enter date that ID number 1 expires.
Item 4 - Enter the type of ID presented. (i.e. Virginia state issued drivers license)
Item 5 - Enter date that the ID was issued to the Applicant.
Item 6 - Enter name issuing ID. (i.e. Department of State, State of Maryland)

Part C - Identification number 2 - Completed by Registrar

Item 1-6 - Same as Part A, only with a second form of an acceptable ID

Part D - Registrar information and signature - Completed by the Registrar

Item 1-5 - Self Explanatory
Item 6 - Enter Date applicant initiated background check.
Item 7 - Check appropriate box.
Item 8-9 - Self Explanatory

Section IV- Personal Verification Identity Card Acceptance

Part A - Card Information - Completed by Issuer

Item 1 - Enter new PIV card serial number.

Item 2 - Enter old PIV card serial number (As applicable)

Item 3 - Enter expiration date of new PIV card

Part B - Personal Verification Identity Card - Completed by Applicant

Item 1- 3 - Self Explanatory

Part C - Public key information (PKI) certificate acceptance - Completed by Applicant

Item 1 - Enter full legal name of Applicant.

Item 2-3 - Self Explanatory

Section V - Issuer

Item 1-7 - Self Explanatory

SF-85

LAST
NAME

FIRST NAME

MIDDLE NAME

RESIDENCE OF PERSON FINGERPRINTED (COMPLETE
ADDRESS)

DATE OF BIRTH
(MONTH/DAY/YEAR)

PLACE OF BIRTH (CITY & STATE)

SEX

RACE

HEIGHT

WEIGHT

EYE COLOR

HAIR
COLOR

SCARS, MARKS AND TATTOOS

POSITION TO WHICH
APPOINTED

SOCIAL SECURITY
NUMBER

ALIASES (Maiden Name or other Married Names)

I give permission for my son/daughter to be
fingerprinted.

Signature of
Parent/Guardian

DATE

Please call 717-272-6621 ext. 4508 or 3867 to schedule appointment for your fingerprints and then notify Voluntary Service of your scheduled date. Please report to Building 19 Room 302, with your completed form on your scheduled day.



Orientation for Occasional Volunteers

(A quick reference guide to patient/volunteer safety.)

Thank you for participating in the VAVS Program at the Lebanon VA Healthcare System. While on our premises conducting an activity with an organization or as an individual not registered through our Voluntary Service Office, you are classified as an "Occasional Volunteer." There are a number of important things that you should know that will ensure your safety and the safety of our staff and patients. The following information will provide you with a brief orientation that will ensure a safe and enjoyable activity for everyone.

Occasional Volunteer

Occasional volunteers are those who give their time on a varied schedule and who generally participate in activities as a member of a group. They may also serve as individuals as the need for their service is determined by the VA Facility. However, it is recommended that individuals not participating with a group register as "regularly scheduled" volunteers.

Volunteers do not...

- Ø Give food or drink to any patient without first checking with the patient's nurse.
- Ø Administer medication.
- Ø Adjust traction.
- Ø Handle bedpans or urinals.
- Ø Turn or remove a patient from bed.
- Ø Change linen on occupied beds.
- Ø Exchange food items on patient trays.
- Ø Operate or adjust equipment requiring technical knowledge.
- Ø Raise or lower a patient's bed without first checking with the patient's nurse.

Publicity

All pictures of patients must be cleared with the Public Affairs Officer or Chief, Voluntary Service before any pictures are taken. Any release of these photos or other personal patient information must be reviewed and approved by the Public Affairs Office.

Infection Control

Since you may have direct patient contact you need to know something about the transmission and prevention of disease. All volunteers need to be aware of the following:

- Do not handle any item that has blood or body fluids. Report it to the nurse immediately.
- Do not wipe up fluids, even if you know what it is. Put a clean paper towel over it and report it to the nurse.
- Do not enter an isolation room.
- Do not touch or remove bed linens in a patient's room that is occupied.
- Do not touch a patient unless you wash your hands, before and after. Whenever possible, wear non-sterile gloves.
- Keep your fingernails trimmed and clean.

Hand Washing

Hand washing is generally considered the most important single procedure for preventing hospital-acquired infections. All volunteers are encouraged to wash their hands more frequently than they would outside the hospital setting. Hands should be washed when you begin work: before and after

Sexual Harassment

The VA is committed to the prevention and elimination of sexual harassment. Sexual harassment is inappropriate and unacceptable conduct and will not be tolerated.

Discrimination

It is the goal of the Department of Veterans Affairs to eliminate discriminatory practices in the workplace. The VA is committed to providing equal opportunity to all and to eliminating discrimination based on race, color, religion, sex, age, national origin, and disability.

Confidentiality

It is essential that we protect the privacy of information about our patients, or anyone receiving medical attention at the facility. Discussing someone's medical status is a violation of medical regulations and can cause grave damage to a person's personal and professional relationships.

Safety Precautions

All volunteers should observe the following safety precautions:

- ✦ Maintain close contact with medical center personnel for directions and supervision.
- ✦ Report any unsafe condition that you observe.
- ✦ Observe "wet floor" signs by walking on the opposite side of the corridor.
- ✦ Report any foreign material on the floors.
- ✦ Open doors slowly, making sure the other side is clear before opening.
- ✦ Do not engage in horseplay or practical jokes.
- ✦ Walk; do not run, especially in halls and on stairs.
- ✦ Look to locate fire alarms, fire exits and fire extinguishers
- ✦ Observe hand washing procedures and infection control practices.

Weapons

Some weapons that may be legal to carry for self-protection are illegal on VA property. Examples of these are: all firearms, hand guns, explosive devices, mace, pepper gas, stun guns, and knives with a blade length of over 2 1/2 inches.

Fire

You should try and locate fire extinguishers, alarm pull switches, and most important, emergency exits. If a fire alarm starts ringing and a fire has been confirmed, exit in an orderly and safe manner. If hospital staff request assistance please follow their directions.

Thank you for your attention to this information. If you wish to know more about volunteer opportunities at the Lebanon VA Healthcare System, please give us a call. Call the Voluntary Service Office at 717-228-6621, ext. 4064.

Volunteer Signature

Date

VAVS Office Signature/Title

Date

Condensed VHA Privacy Policy Training for Certain Volunteers

Eligibility: This training may be used **ONLY** for those volunteers who have little or no contact with patients and do not have access to paper or electronic patient records.

Background and Purpose

The Veterans Health Administration (VHA) is committed to protecting the privacy and confidentiality of patient information. Since it is the responsibility of the entire VHA workforce to protect patient information, all (VHA) employees, **including volunteers**, medical residents, students, and contractors are required to complete Privacy policy training, even if you may not have direct patient contact responsibilities. The purpose of this Condensed training is to provide the participants with the required knowledge of the VHA Privacy Policies.

As a VA Volunteer, What Do I Need to Do to Complete This Training?

Volunteers simply need to read this information and then complete the form provided: **Statement of Completion for VHA Volunteers**. A more detailed print-out on VHA Privacy Policies is available from the VA Learning Catalog, if you would like additional information. Please print your name, date the form, fill in the last four digits of your Social Security Number, indicate the training option you completed, and then return the form to your Voluntary Service Office.

VHA Privacy Policy

VHA has established policies and procedures that grant the veteran certain rights regarding his/her health information and provide guidance on the use and disclosure of Protected Health Information.

Protected Health Information (PHI) consists of the following:

- Individually Identifiable Information (i.e. Social Security number, health information, etc.)
- Demographic Information (i.e. address, phone, age, gender, etc.)
- This information can be in any form (verbal, written, electronic)

The Privacy Act, HIPAA Privacy Rule, and VHA Privacy Policy provide the veteran with the right to:

- Receive a copy of the VA Notice of Privacy Practices
- Receive a copy of his/her own protected health information
- Request an amendment to his/her personal records
- Request a listing of disclosures of health information from his/her personal records
- Request and receive communications confidentially
- Request a restriction on the use or disclosure of his/her health information.

VHA also has established policies and procedures providing guidance on how PHI may be used within VHA and disclosed to organizations outside of VHA.

VHA workforce members including volunteers may use PHI only when the information is needed to perform their official VHA duties for the purpose of treatment, payment, and health care operations. Use of PHI for any other purpose requires the written permission of the patient.

VHA may disclose PHI only if prior written permission from the patient has been obtained or other legal authority permits the disclosure.

As a volunteer, you are required to keep all PHI that you may discover in the course of your assigned volunteer duties strictly confidential. Here are some requirements:

- No talking in public areas about Protected Health Information as listed above
- Keep PHI out of public areas (i.e. elevators, stairways, open areas, etc.)
- Secure any records you may be working with before walking away
- No discussing with anyone, inside or outside the hospital, any PHI you may learn while carrying out your assigned duties as a volunteer.

Possible Outcomes for Not Complying with VHA Privacy Policy

Unlawful release of Protected Health Information could result in:

- Organization-specific sanctions (i.e. lawsuits, not receiving accreditation)
- Filing of a complaint by a victim of a Privacy Policy violation
- Civil and criminal penalties for VHA Privacy Policy violators
- Fines up to \$50,000 and/or imprisonment

Summary

All volunteers must be responsible for safeguarding Protected Health Information (PHI). As a volunteer in our hospital, you have a responsibility to keep all patient information, learned in the course of your duties, confidential and secure. Do not discuss any PHI discovered in the course of your assignment with anyone. Remember that you would want your personal information and health records treated in the same confidential, professional manner.

As a volunteer, take pride and ownership in the fact that your organization is concerned about privacy and recognizes its importance in providing quality healthcare.

Statement of Completion
for VHA Volunteers

VHA Privacy Policy Training Record

I hereby state that I have received training on VHA Privacy Policies.

Please (1) print your name on the first line, (2) fill in the date, (3) fill in the last four digits of your Social Security Number, (4) check the training option you completed, and (5) return the form to Voluntary Service.

Print Your Name Here

Date

last four digits of
Social Security #

Condensed training
Paper for Volunteers _____

Please return this form to your local Voluntary Service Office.

Thank you.

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 emp./volunteer name]

Emp./Volunteer Signature

Volunteer
Position Title

Date