



Dear Applicant,

Thank you so much for your interest in volunteering at the Cincinnati VA Medical Center. Our Veterans are truly amazing and doing what we can to ensure they are taken care of is our mission.

In this packet you will find the application, fingerprint form, and a list of volunteer positions that we currently have. If you have another interest that is not listed, please let us know and we will see if it's a possibility.

There are some requirements to volunteer at the VA so please review. If you can complete all the requirements, please fill out the application and fingerprint form and return to us either by email or in person.

Volunteer Requirements

- Volunteers must get fingerprints done for a background check.
 - These are free of charge and completed in the VA badging office.
- In Person Volunteers must have their flu vaccination and documentation to submit to employee health. **(Only During Flu Season – Does not apply to virtual positions)**
- Volunteers must get a Tuberculosis (TB) test.
 - This is free of charge and completed at the VA.
- In Person Volunteers must be **FULLY** COVID vaccinated with documentation.
(Does not apply to virtual positions)

Applications and fingerprint forms can be emailed to Jamie.White5@va.gov or brought in person to our main voluntary office, C137

Directions to our office: Come through the main entrance (rotating doors) and go straight down the hallway towards the main elevators. When you get to the elevators turn right and go down that hallway. (The cafeteria and gift shop will be on your left). The next hallway on your right has two elevators located in it. We are across from those elevators.

We look forward to having you volunteer here with us!



CINCINNATI VA MAIN HOSPITAL DIRECTIONS

**3200 Vine Street
Cincinnati, OH 45220
(513) 861-3100**

Directions to Room C137 – MAIN VOLUNTARY SERVICE OFFICE

- Enter the hospital through the main entrance
- Walk down the main hallway towards the main elevators
 - The pharmacy is in the main hallway
- When you arrive to the elevators, make a right down that hallway
 - You will see the cafeteria and store on your left-hand side
- Turn right down the FIRST hallway on your right after you pass the store
 - You will see two elevators in this hallway
- C137 is located directly across from the elevators

Directions to Room B017a – PIV BADGING OFFICE

- Enter the hospital through the main entrance
- Walk down the main hallway towards the main elevators
- Take the main elevators down to the basement
- Make a LEFT off of the elevators
- Go down and the first hallway you come to, make a right
- The office is the second door on your right across from the Medical Library

Directions to Room C122a – EMPLOYEE HEALTH

- Enter the hospital through the main entrance
- Walk down the main hallway
- You will see a hallway to your left leading to the Emergency Department
- C122a is located immediately past that hallway on the left-hand side

Directions to Room 432b – LAB

- Enter the hospital through the main entrance
- Walk down the main hallway towards the main elevators
 - The pharmacy is in the main hallway
- Take the elevators to the fourth floor
- Exit the elevators on the fourth floor and turn left
- Walk straight down the hallway and you will see the sign for the Lab



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

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

VA FORM
FEB 2016

10-7055

EXISTING STOCK OF VA FORM 10-7055, MAY 2007, WILL BE USED.

COPY TO: VOLUNTARY SERVICE
POLICE SERVICE

DATE: _____

FINGERPRINT AND ID BADGE PREP SHEET

PLEASE PRINT CLEARLY

FULL NAME FIRST, FULL MIDDLE, LAST							
ENTIRE SSN		DOB (MM/DD/YY)		SEX		RACE	
EYE COLOR		HAIR COLOR		HEIGHT		WEIGHT	
PLACE OF BIRTH (City/State/Country)				CITIZENSHIP (Country)			
HOME ADDRESS (Street, City, State, Zip Code)							

STOP HERE

SERVICE/DEPT	Voluntary Service	JOB TITLE	Volunteer
---------------------	--------------------------	------------------	------------------

STATUS (CHECK ONE)		
<input type="checkbox"/> Full-Time VA Employee	<input type="checkbox"/> Consultant	<input type="checkbox"/> Student
<input type="checkbox"/> Part-Time VA Employee	<input type="checkbox"/> Attending	<input type="checkbox"/> Resident
<input type="checkbox"/> Agency Nurse	<input type="checkbox"/> Under Contract	<input type="checkbox"/> Fellow
<input checked="" type="checkbox"/> Without Compensation (WOC)	<input type="checkbox"/> Construction Contractor	<input type="checkbox"/> Other

VA Police Use ONLY			
Date Fingerprints Submitted		Dispatchers Initials	
Driver's License		Other Form of ID	

Other Information (ex. SOI, SON for courtesy fingerprints, etc.)

Upon Completion Please Submit to Employee Health

Full Name (Please include middle name):

Date of Birth:

Social Security Number:

Address and Phone Number:

Mother's Maiden Name:

City and State of Birth:

Marital Status:

Male/Female (circle one)

TB SCREENING QUESTIONNAIRE - Upon Completion Submit to Employee Health

You are here today for the purpose of screening for active tuberculosis. Tuberculosis screening is needed at initial employment, with exposure to an active TB case, and annually for some high-risk groups.

You will need a screening chest x-ray, if you ever experience one or more of the below symptoms. Please advise us if you should develop any of these in the future.

Please provide the following information for your record (Please Print):

Name: _____

Contact Number: _____

SSN: _____

Service: _____

Voluntary Service

Date: _____

Answer Yes or No to the following questions, or as asked:

- Have you ever had a positive TB test? Yes ☐ No ☐
1. If positive, state when and where: _____
- Have you ever had active TB disease? Yes ☐ No ☐
2. Have you ever been vaccinated with BCG Vaccine? Yes ☐ No ☐
3. If yes, when and at what age: _____
- Have you had a chest X-ray? Yes ☐ No ☐
4. If so, what date: _____
5. Have you ever been given INH or other medication after finding a positive TB test? Yes ☐ No ☐
6. Have you temporarily or permanently resided for greater than or equal to one month in a country with a high TB rate? Yes ☐ No ☐
7. Are you currently on or plan to be on immunosuppressive therapy? Yes ☐ No ☐
8. Have you been in close contact with an individual who has been diagnosed with TB since your last TB test? Yes ☐ No ☐
9. Are you experiencing any of the following symptoms:
- | | | |
|--|------------------------------|-----------------------------|
| a. Fever or feeling feverish? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Weight loss greater than 10 lbs. in the last 6 months w/o trying? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Loss of appetite? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Productive and/or chronic cough? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Night sweats? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Fatigue? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Chest pain? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| h. Shortness of breath? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
10. Have you had a COVID vaccine in the last 30 days? Yes ☐ No ☐

If so, when? Date _____

POSITION	REQUIREMENTS	POSITION DAYS/HOURS	LOCATION	DESCRIPTION
Shuttle Cart Driver	Valid Driver License	M-F / 6:30-5:00	Parking Lot/Parking Garage	Volunteer will be driving patients to and from the facility and their cars/parking garage
Wheelchair Room/Escort	Must be able to walk throughout hospital	M-F / 7:30-4:30	Main Facility Wheelchair Room	Volunteer will be issuing wheelchairs to patients in need for use while in the facility. If the patient is unable to transport themselves to their appointment, volunteer will escort them to/from their appointment as needed
Red Coat Ambassador/Door Greeter	Must be friendly, welcoming	M-F / 7:30-4:30	Main Facility Front Door	Volunteer will welcome Veteran's and their families to the facility and assist in finding their appointment location
Women's Clinic Chaperone	Must be female	M-F / 7:30-4:30	Women's Clinic	Volunteer will assist in the women's clinic chaperoning patients during their appointment as requested. Volunteer may also be asked to complete small administrative tasks
Administrative Assistant	Computer Access	M-F / 7:30-4:30	Main Facility Voluntary Office	Volunteer will man the front desk and main Voluntary Service office (C137) and hand out meal tickets, help direct volunteers to their assignments, answer phones, help staff, or other individuals that come into the office needing assistance
Recreation Assistant		M-F / 7:00 - 3:30	Main Facility	Volunteer will assist the Recreation Specialist with all tasks needed. Tasks can include (but not limited to) accepting donations, sorting donations, organizing, handing items out to Veteran's, delivering items to floors, and other various tasks

POSITION	REQUIREMENTS	POSITION DAYS/HOURS	LOCATION	DESCRIPTION
COVID Vaccination Clinic		M-F (sometimes weekends) / times vary	Main Facility COVID Vaccination Clinic	Volunteer will assist the operations of the COVID vaccination clinic and any needs they have. Some tasks may include (but not limited to) greeting Veteran's and instructing them on the process of the clinic and their next step, handing out forms for completion, monitoring, and other tasks
Lab/Specimen Runner	Must be able to walk throughout hospital	M-F / 7:30 - 4:30	Main Facility	Volunteer will assist various departments in the hospital by transporting labs and specimens from department to the lab
Hematology/Oncology Assistant		T, W, TH / 8:00 - 12:00	Main Facility Hem/Onc Department - 4th Floor	Volunteer will assist Hematology/Oncology providers by getting the patient from the waiting area and escorting them back to their exam room
Compassionate Contact Corp (CCC)	Must have access to a telephone	Your Discretion	Virtual	Volunteer will communicate on a weekly basis with a Veteran via phone call. Calls last at least 15 minutes but can go as long as Veteran and Volunteer feel comfortable. The purpose of the program is to communicate with Veteran who may be isolated, homebound, or lonely.
Reminder Call Volunteer	Good oral customer service skills	3 Days A Week (M, T, W Preferred) Anytime between 9:00-3:30	Main Facility Office Setting	Volunteer will be performing reminder phone calls to patients informing them of their upcoming appointment. If patient wishes to cancel transfer call to AMSA to assist.
VSO Door Greeter	Good customer service skills	M-F / 8:00-4:00	Main Facility VSO Office	Volunteer will greet Veterans at the main door of the VSO office and advise VSO Staff of their arrivals
Community Living Center Front Desk Greeter	Good customer service skills	M-F / 8:00-4:00	Main Facility CLC	Volunteer will greet Veterans, Staff, and Families at the front desk if the CLC facility and assist with any requests

STEP	ACTION	LOCATION/DIRECTIONS/CONTACT INFORMATION	HOURS OF OPERATION	APPROXIMATE TURN AROUND TIME	DONE
1	Fill out an application packet (VA Form 10-7055, Fingerprint Form, TB Test Form 1 & 2)	In Person: Main Hospital (Room C137) Email: Jamie.White5@VA.GOV	M-F 7:30-4:30	N/A	<input type="checkbox"/>
2	Get your fingerprints done (background check) <i>*this is free of charge</i>	Cincinnati VA PIV Registrar Office Main Hospital (Room B017a) Phone - (513) 861-3100 x6032	Thursday 8:00-2:00	1-2 Weeks	<input type="checkbox"/>
You will be contacted by Voluntary Service Staff when your background check is complete					
3	Get your TB test done - STEP 1 <i>*this is free of charge</i>	Main Hospital (Room C122A) Phone - (513) 861-3100 x5271 <i>Please stop in the employee health office PRIOR to going to the lab. Bring the TB Screening Questionnaire with you</i>	Thursday 8:00-4:00	N/A	<input type="checkbox"/>
4	Get your TB test done - STEP 2 <i>*this is free of charge</i>	Main Hospital Lab (Room 432B - 4th Floor)	M-F 6:30-6:30	4-6 Days	<input type="checkbox"/>
You will be contacted by Voluntary Service Staff when your background check is complete					
5	Provide a copy of proof of flu vaccination <i>*During Flu Season Only*</i>	In Person: Main Hospital (Room C137) Email: Jamie.White5@VA.GOV Fax: 513-475-6008	M-F 7:30-4:30	N/A	<input type="checkbox"/>
6	Provide a copy of COVID vaccination (does not apply to virtual positions)	In Person: Main Hospital (Room C137) Email: Jamie.White5@VA.GOV Fax: 513-475-6008	M-F 7:30-4:30	N/A	<input type="checkbox"/>
7	Complete Orientation	Once your onboarding is complete, Jamie White will email you a link to our orientation video. Upon completion, please email Alyssia Brown at Alyssia.Brown359@va.gov to schedule your first volunteering day <i>*Please allow approximately 35 minutes to complete the orientation video</i>	M-F 7:30-4:30	N/A	<input type="checkbox"/>