Department of Veterans Affairs

AUG 2006

APPLICATION FOR VOLUNTARY SERVICE

Paperwork Reduction Act and Privacy Act Information

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 information requested on this form is solicited under the authority of 38 U.S.C. 513 and will be 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 medical centers. 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. 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. Disclosure of the Social Security number is voluntary. The number will be used in the identification or records.

1						
NAME (Last, First, Middle Initial)		ADDRESS (Street, City, State and Zip Code)		DATE		
	1	-		DATE OF BIRTH		
TELEPHONE NUMBER	SOCIAL SECURITY NUMBER					
				SEX 🗌 M	F	
ORGANIZATION MEMBERSHIP(S) (Unit, Post, Chapter, if affiliated)		ASSIGNMENT				
		1	2	3		
EXPERIENCE AND TRAI	NING (Special skills/Abilities)	<u> </u>				
RESTRICTIONS OR LIMI	TATIONS OF SERVICE (Health	concerns, medications, allergie	s, etc.)			
IN CASE OF EMERGENCY PLEASE CONTACT (Name, R		Relationship, Phone Number)	AVAIL	AVAILABILITY (Date and Time)		
basis" for an indefinite per VA Voluntary Service (VA	by waive all claims to monetary b riod. I understand that this waiver VS) Program and is not related to nt by the authority of 38 U.S.C., s	applies only to remuneration (on any other VA services or beneficiary of the transmission of the services or beneficiary of the services of th	compensation) for fits to which I may	or specific servic ay be entitled. (f	es rendered in the NOTE: VA has	
Volunteer's Signature					Date	
	STUDENT VC	DLUNTEER PARENTAL APPR	OVAL			
	• • • • • • • • • • • • • • • • •	to work as a volunteer withi		ent of Veterans	s Affairs and my	
permission to receive d	iagnoses or emergency medio	cal treatment if injured while	volunteering.			
Parent/Guardian Signature					Date	
		OFFICE USE ONLY				
1. SUPERVISOR		2. SUPERVISOR PHON	2. SUPERVISOR PHONE NUMBER			
3. ORIENTATIONS		4. UNIFORM				
COMMENTS	6	NAME AND TITLE OF INTERV	/IEWER		DATE	
VA FORM 10-7055	EXISTING STOCK OF V	A FORM 10-7055, FEB 1999, WILL	. BE USED.			