



VOLUNTARY SERVICE APPLICATION

NATIONAL VETERANS WHEELCHAIR GAMES

PRIVACY ACT: 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.

RESPONDENT BURDEN: 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 5 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the forms. 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.

This application must be FULLY completed. (Please type or Print)

| | | | | |
|------------------------------------|--|------------------------------------|--|---------------|
| NAME (Last, First, Middle Initial) | | ADDRESS (City, State and Zip Code) | | DATE OF BIRTH |
|------------------------------------|--|------------------------------------|--|---------------|

| | | | |
|--|--|----------------|------|
| DAYTIME PHONE NUMBER <i>(Include area code)</i> | EVENING PHONE NUMBER <i>(Include area code)</i> | E-MAIL ADDRESS | DATE |
|--|--|----------------|------|

| | |
|---|--|
| GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | ORGANIZATION MEMBERSHIP(S) <i>(Unit, Post, Chapter, if affiliated)</i> |
|---|--|

ASSIGNMENT PREFERENCES

1. _____ 2. _____ 3. _____

EXPERIENCE AND TRAINING *(Special Skills/Abilities) (The Applicant is volunteering for the NVWCG)*

| | |
|--|---------------------------------------|
| RESTRICTIONS OR LIMITATIONS OF SERVICE <i>(Health, Medications, Allergies, etc.)</i> | AVAILABILITY <i>(Dates and Times)</i> |
|--|---------------------------------------|

| | | | |
|-----------------------------------|--------------|--|---|
| IN CASE OF EMERGENCY, NOTIFY NAME | RELATIONSHIP | TELEPHONE NUMBER <i>(Include area code)</i> | HAVE YOU EVER BEEN CONVICTED OF A FELONY OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-----------------------------------|--------------|--|---|

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 cancelled by either party upon written notice.)*

VOLUNTEER'S SIGNATURE

DATE

STUDENT VOLUNTEER PARENTAL APPROVAL

_____ has my approval to work as a volunteer within the Department of Veterans Affairs and my permission to receive diagnoses or emergency medical treatment, if injured while volunteering.

PARENT/GUARDIAN SIGNATURE

DATE

OFFICE USE ONLY

| | |
|--------------------------|---------------------------------------|
| 1. Supervisor: _____ | 2. Supervisor Telephone Number: _____ |
| 3. Orientation(s): _____ | 4. Uniform: _____ |

| | | |
|---|-------------------------------|------|
| FINGERPRINTING REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO | NAME AND TITLE OF INTERVIEWER | DATE |
|---|-------------------------------|------|

SIGN UP EARLY!

Volunteer positions are on a first come, first served basis.

T-SHIRT SIZE *(Check one)*

SMALL
 MEDIUM
 LARGE
 X-LARGE
 XX-LARGE
 XXX-LARGE

I HAVE ALREADY BEEN RECRUITED TO VOLUNTEER FOR *(List event or assignment)*

VOLUNTEER JOB OPPORTUNITIES

Please select your top 5 choices with 1 being your first choice, 2 your second choice, etc.

- | | | |
|---|--|--|
| <input type="checkbox"/> 9-BALL | <input type="checkbox"/> FOOD SERVICE | <input type="checkbox"/> SPECIAL EVENTS |
| <input type="checkbox"/> AIR GUNS | <input type="checkbox"/> HAND CYCLE | <input type="checkbox"/> SPONSOR DINNER |
| <input type="checkbox"/> ARCHERY | <input type="checkbox"/> HOSPITALITY/INFO SERVICES | <input type="checkbox"/> SWIMMING |
| <input type="checkbox"/> AWARDS | <input type="checkbox"/> KID'S DAY | <input type="checkbox"/> TABLE TENNIS |
| <input type="checkbox"/> BAGGAGE HANDLERS | <input type="checkbox"/> MEDICAL SUPPORT | <input type="checkbox"/> TRACK |
| <input type="checkbox"/> BASKETBALL | <input type="checkbox"/> MERCHANDISE | <input type="checkbox"/> TRANSPORTATION |
| <input type="checkbox"/> BLOCK PARTY | <input type="checkbox"/> MOTOR RALLY | <input type="checkbox"/> TRAPSHOOTING |
| <input type="checkbox"/> BOWLING | <input type="checkbox"/> OPENING CEREMONIES | <input type="checkbox"/> VENUE LOGISTICS |
| <input type="checkbox"/> CLOSING BANQUET | <input type="checkbox"/> POWER SOCCER | <input type="checkbox"/> VOLUNTEER SERVICES |
| <input type="checkbox"/> COMMAND CENTER | <input type="checkbox"/> QUAD RUGBY | <input type="checkbox"/> WAREHOUSE LOGISTICS |
| <input type="checkbox"/> CROSSING GUARDS | <input type="checkbox"/> REGISTRATION | <input type="checkbox"/> WATER/TOWELS/ICE |
| <input type="checkbox"/> CONSTRUCTION/ENGINEERING | <input type="checkbox"/> SLALOM | <input type="checkbox"/> WEIGHTLIFTING |
| <input type="checkbox"/> ENTERTAINMENT | <input type="checkbox"/> KAYAKING | <input type="checkbox"/> WELCOME RECEPTION |
| <input type="checkbox"/> FIELD | <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> ASSIGN WHERE NEEDED |
| <input type="checkbox"/> MEDIA CENTER | <input type="checkbox"/> MEDIA CHECK-IN TABLES | <input type="checkbox"/> PHOTOGRAPHY |
| <input type="checkbox"/> SITE SET-UP | <input type="checkbox"/> ADMINISTRATIVE | |

AVAILABLE TO ASSIST WITH PREPARATION BEFORE THE GAMES *(If Yes, check box)*: YES

AVAILABLE TO LIFT: LIGHT MEDIUM HEAVY *(Materials/objects)*

| | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 6:00 am - 8:00 am | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8:00 am - 12:00 pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12:00 pm - 4:00 pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4:00 pm - 8:00 pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8:00 pm - 10:00 pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PLEASE SELECT WHEN YOU ARE AVAILABLE TO VOLUNTEER

Thank you in advance for your support of the
National Veterans Wheelchair Games

Please return applications to:
Susan Miller, RN
4112 Outlook Blvd. (11C-P)
Pueblo, CO 81008
Phone: (719) 553-1032
Fax: (719) 553-1102