🕸 Department of V	ns Affairs	VOLUNTEER APPLICATION					
NATIONAL VETERANS SUMMER SPORTS CLINIC SAN DIEGO, CALIFORNIA							
PRIVACY ACT: The informati potential volunteers in the VA VG include those described in the 'rou in accordance with the Privacy A Federal, State or local agencies c to confirm volunteer service, and the information will hamper our a	bluntary s butine use act of 19 harged w to congr bility to	ested on this form is soli Service Program. The in s' identified in the VA s 74. The routine uses in vith law enforcement res essional offices at the re arrange the most satisfa	icited under t nformation yaystem of reco clude disclos sponsibilities quest of the ctory assignm	he authority ou supply ma ords 57VA12 sures: in resp , to service o volunteer. Di nent for you a	of 38 U.S.C.513 and will be us y be disclosed outside VA as p 5 Voluntary Service Records-V conse to court subpoenas, to re rganizations, employers and U isclosure of the information is v and the Department of Veterans	ermitted by l /A, published port apparen nemploymen voluntary, ho s Affairs.	aw; possible disclosures d in the Federal Register t law violations to other tt Compensation Offices wever, failure to furnish
RESPONDENT BURDEN: The clearance requirements of Section collection of information unless in average 5 minutes. This includes of both voluntary organizations, nationwide VA Voluntary Service	n 3507 o it display the time which re e program	f the Paperwork Reduct vs a valid OMB number it will take to read instru- ceruit volunteers from the n. The volunteer program	ion Act of 19 . We anticipuctions, gather neir members m supplement	995. We may bate that the t er the necessa ship, and the nts the medica	y not conduct or sponsor, and ime expended by all individua ary facts and fill out the forms. VA in the selection, screening	you are not r ls who must The form is g and placem	equired to respond to, a complete this form will used to assist personnel ent of volunteers in the
This application must be l	FULLY	completed. (Pleas					
NAME (Last, First, Middle Initial)		ADDRESS (City, State and Zip Code)				DATE OF BIRTH	
DAYTIME PHONE NUMBER (Include area code)		IG PHONE NUMBER area code)	E-MAIL ADDRESS			PREVIOUS VOLUNTEER (If yes, how many years NO YES	
SHIRT SIZE (Check one) SMALL X-LARGE MEDIUM XX-LARGE LARGE		DU A VETERAN OF	IF THIS IS YOUR FIRST YEAR, WHO REFERREN YOU TO THE SUMMER SPORTS CLINIC		TYEAR, WHO REFERRED SPORTS CLINIC	DEPARTMENT OF VETERANS AFFAIRS EMPLOYEE	
NAME OF FACILITY		FACILITY DIRECTOR			FACILITY ADDRESS (City, S		
I support the above named individuals application to participate in the National Veterans Summer Sports Clinic. (Government Employees ONLY)							
IMMEDIATE SUPERVISOR'S SIGNATURE			ROVED DIRECTOR'S NAME				
	ck one) ERNATE VITIES		RANSPORT	ATION	OTHER (Please specify) FULLY COMPLETED		_ [
NOTE : If you have ANY changes in your medical condition notify your SSC supervisor immediately.							
IN CASE OF EMERGENCY, NOTIFY (This is required for you to attend the SSC)							
NAME		REI	LATIONSHIF	2	DAYTIME PHONE NUMBE		NG PHONE NUMBER e area code)
MEDICAL HISTORY - (Do you ha	ave any o	f the following? If yes, pl	lease explain d	and list curren	t medications)	•	
ALLERGIES	NO	YES IF YES, EXPL	AIN				
HEART PROBLEMS	NO	YES IF YES, EXPL	AIN				
DIABETES NO YES IF YES, EXPLAIN							
BACK PROBLEMS	NO	YES IF YES, EXPL	AIN				
LIFTING RESTRICTIONS	NO	YES IF YES, EXPL	AIN				
OTHER (Please specify)	NO S	YES IF YES, EXPL	AIN				
PLEASE RETURN THIS FO RETURN COMPLETED FOR);	- VA N 2121 Grar	Medical Cer 1 North Ave nd Junction		 >V	