



VOLUNTEER APPLICATION

NATIONAL VETERANS GOLDEN AGE 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.

DATE ENTERED TRS _____		ORIENTATION COMPLETED _____	
NAME (Last, First, MI)		DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS (Street, City, State, Zip Code)		E-MAIL ADDRESS (Home & Work)	
DAYTIME TELEPHONE NUMBER (Include area code)	CELL PHONE NUMBER (Include area code)	WORK TELEPHONE NUMBER (Include area code)	T-SHIRT SIZE <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> LARGE <input type="checkbox"/> X-LARGE <input type="checkbox"/> XX-LARGE <input type="checkbox"/> XXX-LARGE
IN CASE OF EMERGENCY, NOTIFY		TELEPHONE NUMBER	RELATIONSHIP
ORGANIZATION MEMBERSHIP IF APPLICABLE (i.e. DAV, VFW, etc.)		ORGANIZATION CODE (To be completed by VAVS)	
DO YOU HAVE ANY PHYSICAL RESTRICTIONS OR LIMITATIONS THAT WOULD RESTRICT YOUR VOLUNTEER ACTIVITIES? (If yes, please explain) <input type="checkbox"/> YES <input type="checkbox"/> NO _____			

PLEASE INDICATE YOUR PREFERENCE FOR VOLUNTEER ACTIVITIES

REGISTRATION	DATES		DATES
<input type="checkbox"/> PARTICIPANT REGISTRATION		<input type="checkbox"/> MEDICAL TRANSPORTATION	-
<input type="checkbox"/> VOLUNTEER REGISTRATION		<input type="checkbox"/> MEDICAL SUPPORT	-
<input type="checkbox"/> TRANSPORTATION	-	<input type="checkbox"/> CLINICAL	-
<input type="checkbox"/> SET-UP	-	<input type="checkbox"/> CLERICAL	-
<input type="checkbox"/> WHEELCHAIR REPAIR	-	<input type="checkbox"/> ESCORTS	-
<input type="checkbox"/> MEMORABILIA	-	<input type="checkbox"/> PROSTHETICS	-
<input type="checkbox"/> MISCELLANEOUS DUTIES	-		

EVENTS (You cannot choose more than one event per day)

	DATES		DATES
<input type="checkbox"/> GOLF		<input type="checkbox"/> DISCUS THROW	
<input type="checkbox"/> CHECKERS		<input type="checkbox"/> BICYCLING	
<input type="checkbox"/> SWIMMING		<input type="checkbox"/> SHUFFLEBOARD	
<input type="checkbox"/> HORSESHOES		<input type="checkbox"/> TABLE TENNIS	
<input type="checkbox"/> DOMINOS		<input type="checkbox"/> NINE-BALL	
<input type="checkbox"/> CROQUET		<input type="checkbox"/> BOWLING	
<input type="checkbox"/> SHOT PUT		<input type="checkbox"/> AIR RIFLE	

HOSPITALITY

DATES

ENTERTAINMENT

DATES

	DATES		DATES
<input type="checkbox"/> AIRPORT	-	<input type="checkbox"/> DANCE 1	
<input type="checkbox"/> MEALS	-	<input type="checkbox"/> DANCE 2	
<input type="checkbox"/> DIRECTIONAL GREETER	-	<input type="checkbox"/> DANCE 3	
<input type="checkbox"/> HOTEL HOSPITALITY	-	<input type="checkbox"/> BASS PRO TRIP	
<input type="checkbox"/> GREETER AIRPORT	-	<input type="checkbox"/> DINNER AT IOWA STATE FAIRGROUNDS	
<input type="checkbox"/> BAGGAGE HANDLER	-	<input type="checkbox"/> DINNER AT PRAIRIE MEADOWS CASINO	
<input type="checkbox"/> BUS TOUR GUIDE	-	<input type="checkbox"/> KAYAKING EXHIBITION	

COMMAND CENTER

DATES

MEDIA CENTER

DATES

	DATES		DATES
<input type="checkbox"/> COMMAND CENTER	-	<input type="checkbox"/> MEDIA SUPPORT	-
<input type="checkbox"/> COMMUNICATIONS/INFORMATION	-	<input type="checkbox"/> HOMETOWN NEWS	-
<input type="checkbox"/> DATA MANAGEMENT	-	<input type="checkbox"/> NEWSLETTER	-
		<input type="checkbox"/> MEDIA PHOTOGRAPHY	-

CEREMONIES

DATES

AWARDS (All week)

DATES

	DATES		DATES
<input type="checkbox"/> OPENING		<input type="checkbox"/> MEDAL CEREMONY 1	
<input type="checkbox"/> CLOSING		<input type="checkbox"/> MEDAL CEREMONY 2	
		<input type="checkbox"/> MEDAL CEREMONY 3	
		<input type="checkbox"/> VCS BINGO	
		<input type="checkbox"/> FINAL MEDAL CEREMONY 3	

I understand and agree to abide by the following factors which have been discussed with me: volunteer rights and responsibilities, reporting hours, fire/safety rules and regulations, reporting of special incidents, infection control, blood borne pathogens, hazard communication, equipment and utility management, and confidentiality.

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 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.)

FOR VA CENTRAL IOWA EMPLOYEES: I further understand that I will be granted authorized absence during my regular work schedule (after appropriate request has been submitted to supervisor and approved). Hours worked beyond the normal workday or on weekends will be considered strictly volunteer hours and I understand that I will not be paid overtime, compensatory time, premium pay or differential pay.

I voluntarily and without compensation authorize pictures and/or voice recording to be made of me by or on my behalf of VA, HHV, VCS, US military publications, and other magazines, veterans' publications, newspapers, and broadcast media, etc. while I am a volunteer in the National Veterans Golden Age Games. I authorize any or all of the above to publicize and/or display such photographs and recordings, or to provide such photographs and recordings to others of their choosing for display, without notice or payment of any royalty, fee, or other compensation of any character to me for the use of my picture and/or voice. I understand that the said pictures and/or voice recordings are intended to publicize and give recognition to the National Veterans Golden Age Games.

SIGNATURE OF EMPLOYEE VOLUNTEER

DATE

SIGNATURE OF SUPERVISOR'S APPROVAL

DATE

Please submit completed application to:

**VA Central Iowa Health Care System
ATTN: Cain Davis (00)
3600 30th Street
Des Moines, Iowa 50310-5885
NVGAG Volunteer Hotline: (515) 699-5661
NVGAG Volunteer Fax: (515) 699-5875**

For Volunteer Committee Only:

SIGNATURE OF NVGAG CHAIR OF VOLUNTEERS/DESIGNEE

DATE