



# VOLUNTEER APPLICATION

## 2014 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 VSS _____		ORIENTATION PACKAGE MAILED _____	
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 <i>(Include area code)</i>	CELL PHONE NUMBER <i>(Include area code)</i>	WORK TELEPHONE NUMBER <i>(Include area code)</i>	T-SHIRT SIZE <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL
IN CASE OF EMERGENCY, NOTIFY		TELEPHONE NUMBER	RELATIONSHIP
ORGANIZATION MEMBERSHIP IF APPLICABLE (i.e. DAV, VFW, etc.)		ORGANIZATION CODE (To be completed by VA/VS)	
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 ASSIGNMENT(S) BELOW:

DATES		DATES	
<input type="checkbox"/> PARTICIPANT REGISTRATION	6/28/2014 - 6/29/2014	<input type="checkbox"/> MEDICAL TRANSPORTATION	6/28/2014 - 7/3/2014
<input type="checkbox"/> VOLUNTEER REGISTRATION	6/28/2014 - 7/2/2014	<input type="checkbox"/> MEDICAL SUPPORT	6/28/2014 - 7/3/2014
<input type="checkbox"/> TRANSPORTATION	6/28/2014 - 7/2/2014	<input type="checkbox"/> CLINICAL	6/28/2014 - 7/2/2014
<input type="checkbox"/> SITE SET-UP	6/28/2014 - 7/2/2014	<input type="checkbox"/> CLERICAL	6/28/2014 - 7/2/2014
<input type="checkbox"/> WHEELCHAIR REPAIR	6/28/2014 - 7/2/2014	<input type="checkbox"/> ESCORTS	6/28/2014 - 7/2/2014
<input type="checkbox"/> MEMORABILIA	6/28/2014 - 7/2/2014	<input type="checkbox"/> PROSTHETICS	6/28/2014 - 7/2/2014
<input type="checkbox"/> CUSTOMER SERVICE	6/28/2014 - 7/2/2014	<input type="checkbox"/> WALL OF FAME	6/28/2014 - 7/2/2014

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

	DATES		DATES
<input type="checkbox"/> SHOT PUT (UNIV. OF ARKANSAS)	7/1/2014	<input type="checkbox"/> DOMINOES (UNIV. OF ARKANSAS)	6/29/2014 - 6/30/2014
<input type="checkbox"/> CHECKERS (UNIV. OF ARKANSAS)	6/29/2014 - 6/30/2014	<input type="checkbox"/> AIR RIFLE (UNIV. OF ARKANSAS)	7/1/2014
<input type="checkbox"/> DISCUS THROW (UNIV. OF AR)	7/1/2014	<input type="checkbox"/> SWIMMING (UNIV. OF ARKANSAS)	6/30/2014
<input type="checkbox"/> JAVELIN (UNIV. OF ARKANSAS)	7/1/2014	<input type="checkbox"/> NINE BALL (UNIV. OF ARKANSAS)	6/30/2014 & 7/1/2014
<input type="checkbox"/> SHUFFLEBOARD (UNIV. OF AR)	7/1/2014 - 7/2/2014	<input type="checkbox"/> HORSESHOES (WALKER PARK)	6/30/2014 & 7/2/2014
<input type="checkbox"/> EXHIBITION SPORT-BADMINTON	6/30/2014	<input type="checkbox"/> FLY TYING - FLY CASTING	7/2/2014
<input type="checkbox"/> BOWLING (LOWELL, AR)	6/30/2014	<input type="checkbox"/> CYCLING (SPRINGDALE, AR)	7/2/2014
<input type="checkbox"/> GOLF (BELLA VISTA, AR)	7/1/2014	<input type="checkbox"/> TABLE TENNIS (UNIV. OF AR)	6/29/2014
<input type="checkbox"/> TRACK (UNIV. OF ARKANSAS)	7/1/2014		

**HOSPITALITY**

	DATES	ENTERTAINMENT	DATES
<input type="checkbox"/> AIRPORT	6/28/2014 & 7/3/2014	<input type="checkbox"/> VCS BINGO	7/1/2014
<input type="checkbox"/> MEALS	6/28/2014 - 7/2/2014		
<input type="checkbox"/> DIRECTIONAL GREETER	6/28/2014 - 7/2/2014		
<input type="checkbox"/> DORM HOSPITALITY	6/28/2014 - 7/2/2014		
<input type="checkbox"/> AIRPORT GREETER	6/28/2014 - 7/3/2014		
<input type="checkbox"/> BAGGAGE HANDLER	6/28/2014 - 7/3/2014		

**HEADQUARTERS**

	DATES	MEDIA CENTER	DATES
<input type="checkbox"/> COMMAND CENTER	6/28/2014 - 7/3/2014	<input type="checkbox"/> MEDIA SUPPORT	6/28/2014 - 7/2/2014
<input type="checkbox"/> COMMUNICATIONS/INFORMATION	6/28/2014 - 7/3/2014	<input type="checkbox"/> NEWSLETTER	6/28/2014 - 7/2/2014
<input type="checkbox"/> DATA MANAGEMENT	6/28/2014 - 7/2/2014	<input type="checkbox"/> MEDIA PHOTOGRAPHY	6/28/2014 - 7/2/2014

**CEREMONIES**

	DATES	AWARDS (All week)	DATES
<input type="checkbox"/> OPENING	6/29/2014	<input type="checkbox"/> MEDAL CEREMONY 1	6/30/2014
<input type="checkbox"/> CLOSING	7/2/2014	<input type="checkbox"/> MEDAL CEREMONY 2	7/1/2014
<input type="checkbox"/> SPONSOR'S RECEPTION	6/28/2014	<input type="checkbox"/> MEDAL CEREMONY 3	7/2/2014

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.)*

*I voluntarily and without compensation authorize pictures and/or voice recording to be made of me by or on my behalf of VA, 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 VOLUNTEER

\_\_\_\_\_  
DATE

**PLEASE SUBMIT COMPLETED APPLICATION TO:**

Carol Kick, 2014 LOC Coordinator (135)  
VA Health Care System of the Ozarks  
1100 N College Avenue  
Fayetteville, AR 72703

*For Volunteer Committee Only:*

\_\_\_\_\_  
SIGNATURE OF NVGAG CHAIR OR VOLUNTEERS/DESIGNEE

\_\_\_\_\_  
DATE