



VOLUNTEER APPLICATION

NATIONAL VETERANS SUMMER SPORTS CLINIC SAN DIEGO, CALIFORNIA

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)	CURRENT JOB TITLE
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DAYTIME PHONE NUMBER (Include area code)	EVENING PHONE NUMBER (Include area code)	E-MAIL ADDRESS	PREVIOUS VOLUNTEER (If yes, how many years) <input type="checkbox"/> NO <input type="checkbox"/> YES
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SHIRT SIZE (Check one) <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> LARGE <input type="checkbox"/> X-LARGE <input type="checkbox"/> XX-LARGE	ARE YOU A VETERAN OF THE ARMED FORCES <input type="checkbox"/> NO <input type="checkbox"/> YES	IF THIS IS YOUR FIRST YEAR, WHO REFERRED YOU TO THE SUMMER SPORTS CLINIC	DEPARTMENT OF VETERANS AFFAIRS EMPLOYEE <input type="checkbox"/> NO <input type="checkbox"/> YES
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NAME OF FACILITY	FACILITY DIRECTOR'S NAME	FACILITY ADDRESS (City, State and Zip Code)
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I support the above named individuals application to participate in the National Veterans Summer Sports Clinic. (Government Employees ONLY)

SUPPORT WITH TRAVEL YES NO
 SUPPORT WITH PER DIEM YES NO

IMMEDIATE SUPERVISOR'S SIGNATURE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	DIRECTOR'S SIGNATURE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
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JOB TITLE/ROLE AT THE CLINIC (Check one) <input type="checkbox"/> TEAM LEADER <input type="checkbox"/> HOST ROOM <input type="checkbox"/> CEREMONIES <input type="checkbox"/> TRANSPORTATION <input type="checkbox"/> OTHER (Please specify)	LICENSE AND/OR CERTIFICATION THAT APPLIES TO CLINIC POSITION
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MEDICAL DATA SHEET - THIS MUST BE FULLY COMPLETED

NOTE: If you have ANY changes in your medical condition notify your NVSSC supervisor immediately.

IN CASE OF EMERGENCY, NOTIFY (This is required for you to attend the NVSSC)

NAME	RELATIONSHIP	DAYTIME PHONE NUMBER (Include area code)	EVENING PHONE NUMBER (Include area code)
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MEDICAL HISTORY - (Do you have any of the following? If yes, please explain and list current medications)

ALLERGIES	<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN	_____
HEART PROBLEMS	<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN	_____
DIABETES	<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN	_____
HIGH BLOOD PRESSURE	<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN	_____
BACK PROBLEMS	<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN	_____
LIFTING RESTRICTIONS	<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN	_____
OTHER (Please specify)	<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN	_____
LIST PREVIOUS SURGERIES _____		

PLEASE RETURN THIS FORM BY **JUNE 1**
 RETURN COMPLETED FORMS TO:

Tristan Heaton (00SSC) tristan.heaton2@va.gov
 VA San Diego HCS
 3350 La Jolla Village Dr.
 San Diego, CA 92161
 (858) 642-6421 Fax (858) 642-6406