



# VOLUNTEER REGISTRATION APPLICATION

## NATIONAL VETERANS TEE TOURNAMENT

**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.

**PLEASE PRINT - IF YOU MUST CANCEL, PLEASE CONTACT US AT:**

NAME (Last, First, MI)		DATE OF BIRTH	NAME TAG PREFERENCE
ADDRESS (Street, City, State, Zip Code, and County)	HOME TELEPHONE NUMBER (Include area code)	WORK TELEPHONE NUMBER (Include area code)	CELL TELEPHONE NUMBER (Include area code)
PLEASE INDICATE YOUR T-SHIRT SIZE <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> LARGE <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL	E-MAIL ADDRESS		GENDER  <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
IF YOU ARE A VA EMPLOYEE VOLUNTEER, PLEASE LIST YOUR VA MEDICAL FACILITY	SERVICE/DEPARTMENT		ROUTING SYMBOL
TELEPHONE NUMBER (Include area code)	SUPERVISORS SIGNATURE (VA employee volunteers need to have authorized absence approved by their supervisor)		
IN CASE OF AN EMERGENCY, CONTACT:	TELEPHONE NUMBER	RELATIONSHIP	

**VOLUNTEERS NEEDING LODGING:** If you live outside the direct commuting area (25 miles), of the NVTEE Tournament Event, and need to stay at the hotel, please indicate the nights you will need a room. All volunteers will be assigned two-to-a-room. A Volunteer who stays at the hotel will be required to volunteer all day as assigned by the Volunteer Coordinator.

ROOM NEEDED <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY	ROOM PREFERENCE <input type="checkbox"/> SMOKING <input type="checkbox"/> NON-SMOKING
ESTIMATED ARRIVAL DATE/TIME _____ / _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
NAME OF ROOMMATE PREFERENCE _____ <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> COMPETITOR	

**TRANSPORTATION**  
 WILL YOU USE YOUR OWN VEHICLE TO TRAVEL BACK AND FORTH TO THE EVENT VENUES?    YES    NO

**MEALS** (Check each meal you plan on eating with us)

**DO YOU HAVE SPECIAL DIETARY NEEDS?** (If yes, describe)    YES    NO

	BREAKFAST	LUNCH	DINNER
MONDAY			<input type="checkbox"/>
TUESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THURSDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIDAY	<input type="checkbox"/>		

**ACTIVITY SIGN UP**

1. Check the **Preference column for the day/time** of each event that you would like to volunteer for.
2. If you chose more than one event on the same day/time, **RANK** each event by placing a 1 as your first choice or a 2 as your second choice.

GOLF BUDDY VOLUNTEER DATES AND TIMES RIV (RIVERSIDE); WL (WEST LIBERTY); SOL (LAKE MCBRIDE); NL (QUAIL CREEK); ELKS (ELKS)			
GOLF COURSE	DATE	TIME	PREFERENCE/ RANK
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

HAVE YOU EVER GOLFED BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THERE A PARTICIPANT YOU WOULD PREFER TO BE A GOLF BUDDY FOR?
HOW MANY ROUNDS OF GOLF PER YEAR? _____	
GOLF EXPERIENCE _____	HAVE YOU EVER WORKED WITH ANYONE WITH DISABILITIES? (If "yes", please specify) <input type="checkbox"/> YES <input type="checkbox"/> NO
USGA HANDICAP _____	
INSTRUCTOR EXPERIENCE _____	ARE YOU INTERESTED IN HAVING ANY TRAINING REGARDING WORKING WITH DISABILITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO
RECREATIONAL GOLFER _____	

FOOD (Serve and clean-up (help veterans) (act as a sighted guide)) Breakfast 0630-0800, Lunch 1030-1300, Dinner 1630-1900				
GOLF COURSE	DATE	MEALS		
		BREAKFAST	LUNCH	DINNER
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NURSES LPN, Paramedic, EMT			
GOLF COURSE	DATE	TIME	PREFERENCE/ RANK
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

BOWLING			
DAY	DATE	TIME	PREFERENCE/ RANK
			<input type="checkbox"/>
			<input type="checkbox"/>

KAYAKING			
DAY	DATE	TIME	PREFERENCE/ RANK
			<input type="checkbox"/>
			<input type="checkbox"/>

HORSEBACK RIDING			
DAY	DATE	TIME	PREFERENCE/ RANK
			<input type="checkbox"/>
			<input type="checkbox"/>

ENTERTAINMENT (Casino Night)			
DAY	DATE	TIME	PREFERENCE/ RANK
			<input type="checkbox"/>
			<input type="checkbox"/>

REGISTRATION (Check participants in/help with luggage to room)			
DAY	DATE	TIME	PREFERENCE/ RANK
			<input type="checkbox"/>

TRANSPORTATION (Drive vehicles, assist with boarding/unloading veterans)			
DAY	DATE	TIME	PREFERENCE/ RANK
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>