

# Thank You!

For expressing interest in volunteering at  
**Veterans Health Care System of the Ozarks (VHSO)**

To become a VA Volunteer, you must:

- Complete and return an application packet
  - Attend New Volunteer Orientation
- Complete two TB skin test (**First one done at Orientation**)
- Be Fingerprinted/background check (**Done at Orientation**)
- Current Passport or Drivers License (**Bring with you to Orientation**)

***New Volunteer Orientation will be held:***

**9:00 a.m.—Noon, Building 3 Auditorium**

**The first Wednesday of the Month (except July & Dec.)**

**Or by appointment only (must RSVP to attend)**

**1:00 p.m.—Building 3, Voluntary Service Office**

**The third Tuesday of the Month**

**Application MUST BE returned by the Friday  
prior to orientation or you MAY NOT attend orientation.**

**You may return your application in person or mail**

Veterans Health Care System of the Ozarks  
Voluntary Service (135)  
1100 N. College Avenue  
Fayetteville, AR 72703

Don't forget to bring your picture form of ID  
with you the day you attend orientation.

Questions or to receive an application: call 479-444-5060



## New Volunteer Check-In List Veterans Health Care System of the Ozarks

Volunteer Number  
Assigned by  
Computer:

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**Name:** \_\_\_\_\_

1. **Why do you want to volunteer?** \_\_\_\_\_  
\_\_\_\_\_
2. **How long do you plan to volunteer?** \_\_\_\_\_
3. **Can you come at least once a week consistently?** \_\_\_\_\_
4. **Will you have class/schedule conflicts?** \_\_\_\_\_
5. **What's your major and what year are you?** \_\_\_\_\_

### FOR OFFICE USE ONLY

Required Items	Date Requested	Date Completed
New Volunteer Orientation		
Statement of Commitment		
Fingerprints & ID Badge		
1 <sup>ST</sup> TB Skin Test or chest x-ray		
2 <sup>ND</sup> TB Skin Test		
Parking Sticker (Fayetteville Only)		
Load Edit in VistA		
PIV		
Computer Access Forms (as required)		
<b>Job Description/Competencies required for:</b>		
Computer Access	Specialty Clinic	
Emergency Department	Escort	
Pharmacy	NVDA	
Vital Signs	Ward 2A/2B Assistants	
Concierge/Concierge Escort	Physical Therapy	
MRI	Employee Health	
Outpatient Surgery		
<b>DAV Van Drivers:</b>		
Physical		
Copy of Insurance Card, DL & Safe Driving Certificate		
Government Motor Vehicle Use MCM 138-5		
Orientation to DAV Vans (completed form)		
Fleet Card and Trip Ticket Training		

**Assignment :** \_\_\_\_\_

**Day/Time:** \_\_\_\_\_



Application for Voluntary Service
Veterans Health Care System of the Ozarks
Fayetteville, Arkansas

The information requested on this form is solicited under the authority of Title 38, United States Code, Section 213 and will be used in the selection and placement of potential volunteers in the VA Voluntary Service Program. It will not be used for any other purpose. Disclosure 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.

PLEASE PRINT

Date: \_\_\_\_\_

Name: \_\_\_\_\_
First Full Middle Last

Maiden Name and/or other names used: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Sex: M / F

Telephone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Organization(s): \_\_\_\_\_

Days & Times Available to Volunteer: \_\_\_\_\_

Volunteering Interests: \_\_\_\_\_

Monetary Waiver: 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 VA Voluntary Service (VAVS) Program and is not related to any other VA services or benefits to which I am entitled. (Note: VA has entered into this agreement by the authority of 38 U.S.C., Section 513. This agreement may be canceled by either party upon written notice.) I hereby accept the volunteer appointment(s) as outlined above.

I understand that I will be fingerprinted for a background check.

(Volunteer's Signature & Date)

I hereby appoint this applicant as a VA without-compensation employee subject to the provisions on this application. The above individual has been provided basic assignment orientations which have been documented in the official volunteer folder located in the VA Voluntary Service Office.

VAVS Program Manager - Appointing Official Signature

Date