OMB Number 2900-0090
Estimated Average: 15 min.

Department of Veterans Affairs Application for Voluntary Service

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 collect 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 15 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

PRIVACY ACT INFORMATION: 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. Disclosure of the Social Security Number is required, as well as, your date of birth. These numbers will be used in the identification of records within our database.

Name *(Last, First, Middle Initial)*	Address *(Street, City, State, Zip Code)*	Date
		Date of Birth
Telephone Number ( ) / E-Mail (Optional)		Sex: ( ) M ( ) F
Organization Membership(s) *(Unit, Post, Chapter, if affiliated)*	Assignment Preferences 1. 2. 3.	

Experience and Training *(Special Skills/Abilities)*
The applicant is volunteering for the 30th NVWCG

Restrictions or Limitations of Service *(Health, Medications, Allergies, etc.)*	Availability *(Dates and Times)*
In Case of Emergency, Please Contact *(Name, Relationship, Telephone Number)*	Have you ever been Convicted of a Felony Offense? ( ) Yes ( ) No

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 may be 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.)*

_____ _____
(Volunteer's Signature) *(Date)*

STUDENT VOLUNTEER PARENTAL APPROVAL

_____ has my approval to work as a volunteer within the Department of Veterans Affairs and my permission to receive diagnoses or emergency medical treatment, if injured while volunteering.

_____ _____
(Parent/Guardian Signature) *(Date)*

OFFICE USE ONLY

1. Supervisor: _____
2. Supervisor Telephone Number: _____
3. Orientation(s): _____
4. Uniform: _____

Fingerprinting Required: ( ) Yes ( ) No	Name and Title of Interviewer:	Date:

SIGN UP EARLY!

Volunteer Positions are a first come, first serve basis.

T-Shirt Size: S (☐) M (☐) L (☐) XL (☐) XXL (☐) XXXL (☐)

I have already been recruited to volunteer for _____.
(List Event)

VOLUNTEER JOB OPPORTUNITIES

Please select your top 5 choices with 1 being your 1st choice, 2 your 2nd choice, etc.

( ) 9-Ball
( ) Air Guns
( ) Archery
( ) Awards
( ) Baggage Handlers
( ) Basketball
( ) Block Party
( ) Bowling
( ) Closing Banquet
( ) Command Center
( ) Crossing Guards
( ) Construction/Engineering
( ) Entertainment
( ) Field
( ) Food Service
( ) Hand Cycle
( ) Hospitality/Info Services
( ) Kid's Day
( ) Medical Support
( ) Merchandise
( ) Motor Rally
( ) Opening Ceremonies
( ) Power Soccer
( ) Quad Rugby
( ) Registration
( ) Slalom
( ) Kayaking
( ) Softball
( ) Special Events
( ) Sponsor Diner
( ) Swimming
( ) Table Tennis
( ) Track
( ) Transportation
( ) Trapshooting
( ) Venue Logistics
( ) Volunteer Services
( ) Warehouse Logistics
( ) Water/Towels/Ice
( ) Weightlifting
( ) Welcome Reception
( ) Assign Where Needed

Available to lift: (☐) Light (☐) Medium (☐) Heavy materials/objects.

	Sunday July 4	Monday July 5	Tuesday July 6	Wednesday July 7	Thursday July 8	Friday July 9
6:00 am – 8:00 am	☐	☐	☐	☐	☐	☐
8:00 am – 12:00 pm	☐	☐	☐	☐	☐	☐
12:00 pm – 4:00 pm	☐	☐	☐	☐	☐	☐
4:00 pm – 8:00 pm	☐	☐	☐	☐	☐	☐
8:00 pm – 10:00 pm	☐	☐	☐	☐	☐	☐

Please select when you are available to Volunteer

Thank you in advance for your support of the
2010 National Veterans Wheelchair Games

Please return applications to:
Susan Miller, RN
4112 Outlook Blvd. (11C-P)
Pueblo, CO 81008
Phone: 719-553-1032
Susan.Miller4@va.gov
Fax: 719-553-1102