



Shiawassee County Veteran Affairs
201 N Shiawassee St.
3rd Floor Surbeck Building
Corunna, MI 48817
989-743-2231
Fax 989-743-2393

Dear Prospective Volunteer:

Thank you for your interest in volunteering to drive our County Veterans.

Those who volunteer find they gain more from the experience of giving back to others more so than they ever could have imagined.

Attached are the Volunteer application forms, Please complete thoroughly and note that some forms are double sided. Once complete fax to 989-743-2393 or bring back to Shiawassee county Veteran Affairs Office or mail to the below address;

Shiawassee County Veteran
Affairs
201 N Shiawassee St.
3rd Floor Surbeck Building
Corunna, MI 48817

Please Note: Those convicted of or have charges pending a **FELONY** or have **MISDEMEANOR** convictions for assault, battery, sexual misconduct, firearms, terrorist activity, and / or drug offenses, **NEED NOT** apply to the Volunteer program.

Orientation times vary based on demand and involve a three-step process.

1. Review of Volunteer Handbook, complete additional forms / quizzes if required for the position.
2. You will be escorted to Human Resources to process your badge which includes a photo and fingerprinting. Two forms of ID are required.
3. Lastly we will go to the 2nd floor lab to have your TB test lab draw completed.

Once your badge is received we will contact you for a start day. At this time you will be introduced to your Supervisor and will be provided a tour and additional training.

If you have any questions, please feel free to contact Ben Yonker at 989-743-2642.

Thank You,

Shiawassee County Veteran Affairs



Aleda E. Lutz VA Medical Center PIV Data Collection Form

Please TYPE OR PRINT all the requested information LEGIBLY and ACCURATELY. **DO NOT EMAIL FORM as it includes SSN!**
 This information is required in order to start processing for a volunteer position, incomplete forms will stop the application process.

FIRST Name	Full MIDDLE Name(s)	LAST Name	Date of Birth Mon/Day/Year	Social Security Number	Gender Male/Female
Please indicate suffix- Example: Jr. Sr. or III etc.					
Any other last name previously used: <i>(Maiden name, other...)</i>					
Permanent Address:		<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Birth City & State:					
Phone Numbers(s) you can be reached at: 1. <input type="checkbox"/> <i>Home:</i> _____ 2. <input type="checkbox"/> <i>Cell:</i> _____					
Ht:	Eye Color:	Race: <i>(please choose what applies)</i> <input type="checkbox"/> White Non-Hispanic <input type="checkbox"/> Asian Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Black Non-Hispanic <input type="checkbox"/> Hispanic			
Wt:	Hair Color:				

PLEASE BRING TO ORIENTATION:

2 IDs: One at least needs to be a picture ID. You can use your driver's license as a primary ID. The second ID may be your social security card or birth certificate. THE NAMES NEED TO MATCH ON BOTH DOCUMENTS. You cannot have one with your full name and one with your nickname or maiden name (one with William and one with Bill, for example)...

I hereby certify that all the above and attached information is correct and accurate to the best of my knowledge.

Signature _____

Date _____





Aleda E. Lutz VA
Voluntary Service (135)
1500 Weiss Street
Saginaw, MI 48602

989-497-2500 x 13369

Prospect Volunteer Questionnaire:

Please complete in full and submit with your application.

A) Please describe briefly what interests you about volunteering at the Aleda E. Lutz VA.

B) Please identify your availability

(Note: Normal business hours are M-F 7:30am to 4:30pm some evening and weekend positions available)

Sunday: Hours: _____ (Limited placements)
Monday: Hours: _____
Tuesday: Hours: _____
Wednesday: Hours: _____
Thursday: Hours: _____
Friday: Hours: _____
Saturday: Hours: _____ (Limited placements)

C) Please list your Skills, Hobbies, or Special Interests

1. _____
2. _____
3. _____

D) Physical Limitations – Check Yes or No

	Yes	No
I can stand for long periods of time: 1-3 hours		
I can walk long distances unassisted		
I can push a wheelchair (150=350lb capacity)		
I can sit for long periods of time: 1-3 hours		

Thank you for taking the time to complete, it greatly assists our efforts in properly placing outstanding individuals throughout the medical center.

Sincerely,

JASON CHRISTIANSON, BBA, MSA
Chief, Voluntary Service
United States Army Veteran



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

PRIVACY ACT INFORMATION: The information requested on this form is solicited under the authority of 38 U.S.C. 7405(a)(1)(D) 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 57VA135 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.

NAME (Last, First, Middle Initial)

ADDRESS (Street, City, State and Zip Code)

DATE

TELEPHONE NUMBER

E-MAIL ADDRESS

DATE OF BIRTH

ORGANIZATION MEMBERSHIP(S) (Unit, Post, Chapter, if Affiliated)

ASSIGNMENT PREFERENCES

1. 2. 3.

SEX M F

EXPERIENCE AND TRAINING (Special Skills/Abilities)

RESTRICTIONS, LIMITATIONS OF SERVICE (Health Concerns, Medications, Allergies, etc.)

AVAILABILITY (Days and Times)

IN CASE OF EMERGENCY, PLEASE CONTACT (Name, Relationship, Phone Number)

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. 7405(a)(1)(D). This agreement may be canceled by either party upon written notice.) I hereby accept the volunteer appointment(s) as outlined above.

Volunteer 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 and assignment specific orientations which have been documented in the official volunteer folder located in the VA Voluntary Service Office.

VAVS Program Manager - Appointing Official Signature

Date

OFFICE USE ONLY

1. SUPERVISOR

2. SUPERVISOR PHONE NUMBER

3. ORIENTATIONS

4. UNIFORM

COMMENTS

NAME AND TITLE OF REVIEWER

DATE

NOTE TO STUDENTS AND PARENTS: The VA medical center is a federal building, and, as such, must be open to the public. Our employees, patients, and volunteers come from diverse backgrounds. Eligible Veterans are entitled to services offered by VA, even if they have had problematic incidents in their past - unless the law specifically disqualifies them. Our job is to provide care to Veterans and to protect our employees, patients, and volunteers as that care is provided.

STUDENT VOLUNTEER: If accepted, I agree to adhere to the policies and procedures of this VA healthcare facility and to respect the confidentiality of information pertaining to the patients and their treatment. If a patient, staff member, volunteer, and/or visitor is abusive, makes inappropriate gestures, advances, or conversation, that is in a manner which makes me feel uncomfortable, I will immediately inform my supervisor or a VAVS staff member.

Signature _____

Date _____

PARENT/GUARDIAN: The above named student has my consent as parent/guardian to serve as a Student Volunteer in this VA healthcare system. I have read the above agreement as signed by my student and understand their obligation to the program if they are accepted into the VAVS Student Volunteer Program. I also grant permission for my child to receive emergency medical treatment if injured while volunteering.

Signature _____

Date _____

NOTE: Completion of this application does not guarantee acceptance into this program.

Declaration for Federal Employment

Form Approved:
O.M.B. No. 3206-0182

Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" x 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U.S. Code, Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of a agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Declaration for Federal Employment

Form Approved:
O.M.B. No. 3206-0182

GENERAL INFORMATION

1 FULL NAME <i>(First, middle, last)</i> ▶	2 SOCIAL SECURITY NUMBER ▶
3 PLACE OF BIRTH <i>(Include City and State or Country)</i> ▶	4 DATE OF BIRTH <i>(MM/DD/YY)</i> ▶
5 OTHER NAMES EVER USED <i>(For example, maiden name, nickname, etc.)</i> ▶ ▶	6 PHONE NUMBERS <i>(Include Area Codes)</i> DAY ▶ NIGHT ▶

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

- 7a. Are you a male born after December 31, 1959? YES NO *If "NO", skip 7b and 7c. If "YES", go to 7b.*
- 7b. Have you registered with the Selective Service System? YES NO *If "NO", go to 7c.*
- 7c. If "NO", describe your reason(s) in item #16.

Military Service

8. Have you ever served in the United States military? YES *Provide information below* NO
If you answered "YES", list the branch, dates, and type of discharge for all active duty.
If your only active duty was training in the Reserves or National Guard, answer "NO".

Branch	From MM/DD/YYYY	To MM/DD/YYYY	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

- | | | |
|--|--------------------------|--------------------------|
| 9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole?
(Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) <i>If "YES", use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i> | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you been convicted by a military court-martial in the past 10 years? <i>(If no military service, answer "NO." If "YES", use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.</i> | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you now under charges for any violation of law? <i>If "YES", use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i> | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? <i>If "YES", use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.</i> | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) <i>If "YES", use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.</i> | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) *If "YES", use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.*
- YES NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?
- YES NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (*these questions are specific to your position and your agency is authorized to ask them*).

Certifications / Additional Questions

APPLICANT: *If you are applying for a position and have not yet been selected,* carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: *If you are being appointed,* carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. **I certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. **I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand** that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. **I consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. **I understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature ▶ _____ Date ▶ _____
(Sign in ink)

17b. Appointee's Signature ▶ _____ Date ▶ _____
(Sign in ink)

Appointing Officer: Enter Date of Appointment or Conversion MM/DD/YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? DATE: _____
MM/DD/YYYY

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?

YES NO Do Not Know

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO", use item 16 to identify the type(s) of insurance for which waivers were not canceled.

YES NO Do Not Know