



U.S. Department  
of Veterans Affairs

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Estimated Average: 15 min.

## 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 <input type="checkbox"/> M <input type="checkbox"/> F

EXPERIENCE AND TRAINING (Special Skills/Abilities)

RESTRICTIONS, LIMITATIONS OF SERVICE (Health Concerns, Medications, Allergies, etc.)	AVAILABILITY (Days and Times)
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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
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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
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**SHADOWING / OBSERVATION REQUEST**

*Per legislation authority of 5 U.S.C. § 3111 allows for the Department of Veterans Affairs (VA) to accept the voluntary services of student observers. More specifically, 5 U.S.C. § 3111(b) authorizes the head of an agency to accept the voluntary services of students. See 5 C.F.R. § 308.103. Under that authority, the students, defined to include college students, are permitted to perform educationally related work assignments in a non-pay status. 5 U.S.C. § 3111(b)(2); 5 C.F.R. § 308.101. Pursuant to 5 C.F.R. § 308.102(b), the students would not be employees except for liability purposes.*

**At Tennessee Valley Healthcare System (TVHS), shadowing and observations by individuals not seeking academic credit are managed by the Center for Development & Civic Engagement (CDCE) office.**

**Health Professional Trainees (HPTs) requiring academic credit processing must be in a program with an academic affiliation on file with TVHS and on boarded through the Education Service (not this shadowing process). If you are interested in a program for credit, please contact your academic advisor or the TVHS Education Service at TVHEducationService@va.gov**

<b>Name</b>			
<b>Email</b>		<b>Phone</b>	
<b>Date of Birth</b>			

<b>Initials</b>	
	I understand that a request to observe is not a guarantee of availability or placement. Requests will be reviewed by the CDCE office, the Education Service office, and/or the Chief of Staff's office.
	I will complete all necessary CDCE orientations, trainings, and paperwork prior to being allowed to shadow any VA staff. This may include, but is not limited to, a volunteer hospital orientation, HIPAA and information security training, health screenings, and background screenings.
	I understand that I am not considered a clinical student, resident, or medical staff member at the facility.
	I understand that I will not receive academic credit for this experience. This experience does not constitute medical education or direct patient care experience.
	I agree not to represent myself as such either now or in the future. I must refer to this experience as an "observation" <b>only</b> , not to be considered as an elective, internship, externship, clinical rotation, or any similar experience.
	I understand this experience is not to exceed 4 months.
	I understand that I will not provide any hands-on care during this experience. I will not, by way of example, take a medical history, examine a patient, provide medical advice to a patient, assist in procedures, or write or document in the medical record.
	I understand that this experience is unpaid / voluntary and does not give me preference for future employment at TVHS.
	I understand that I will always be accompanied by a VA staff member during my observation.

**Tennessee Valley Healthcare System  
Center for Development & Civic Engagement**

1310 24th Ave S Nashville, TN 37212

Phone: **615-873-6978** E-Mail: **Gladys.Rudd@va.gov, Reginald.Rogers1@va.gov**

<b>Initials</b>	
	I will inform each patient that I observe that I am an observer and ask their permission to be present. If permission is refused, I will leave the area.
	I understand that I will not have independent access to patient information (electronic or written) or restricted areas of the medical center.
	I will follow the guidelines of the CDCE office to record my hours.
	I will comply with all TVHS policies including respecting patient privacy and confidentiality.
	I will dress appropriately (as directed by the VA supervisor based on the area I will be observing) and wear an identification badge from my school and the VA Volunteer Badge issued to me.
	I understand that TVHS, at its sole discretion, may terminate this experience without recourse to due process or appeal process.

<b>Academic institution enrolled:</b>			
<b>Area of study:</b>			
<b>Age Group:</b>	<input type="checkbox"/> Highschool (must be between ages 16 – 18) <input type="checkbox"/> College (must be age 18+)		
<b>Observation area of interest (what service, administrative, or clinical area?):</b>			
<b>Within the space provided, give a detailed explanation of the purpose of your observation and expectations:</b>			
<b>What dates, timeframe, duration, and/or frequency are you requesting for this experience?</b>			
<b>Requested Site of Observation</b>			
<input type="checkbox"/> Nashville VA Medical Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Signature**

**Date**



**U.S. Department of Veterans Affairs**  
 Veterans Health Administration  
 Voluntary Service

# Occasional Volunteer Time Sheet

Tennessee Valley Healthcare System

1310 24<sup>th</sup> Ave South

Nashville, TN 37212

Attn: Gladys Waters- [Gladys.waters@va.gov](mailto:Gladys.waters@va.gov) or Angelique Torres - [angelique.torres@va.gov](mailto:angelique.torres@va.gov)

Volunteer Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

VA Service Assignment Area: \_\_\_\_\_

Date	Start Time	End Time	Hours
<b>TOTAL HOURS:</b>			

By signing below, I agree, for an indefinite period, with the following statements; whereby waives all claims to monetary benefits for service rendered as a volunteer worker on a "without compensation basis". I understand that this waiver applies only to compensation for specific service rendered in Voluntary Service Program. It has no relation to any compensation for other services or benefits to which I may be entitled. (NOTE: VA has entered this agreement by the authority of 30 U.S.C., Section 513. This agreement may be cancelled by either party upon written notification).

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ANNUAL VOLUNTEER TRAINING UPDATE

## FIRE SAFETY

The goal of fire prevention is to keep fires from starting. Prevent these three components from coming together, and you prevent fire:

1. Oxygen
2. Heat
3. Fuel

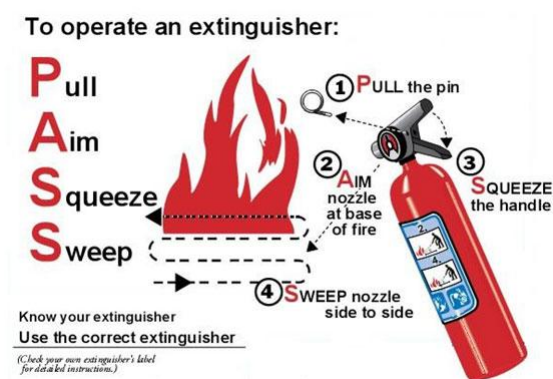
### Responding to a Fire:

**R**escue anyone in immediate danger  
**A**larm by engaging a fire alarm or calling 3333  
**C**ontain/confine by closing doors or covering the fire  
**E**xtinguish/evacuate if fire is small and relatively contained, and attempt to extinguish. If fire becomes uncontrollable, or if there is a large amount of smoke, evacuate to an area of refuge.

The **RACE** procedure teaches you how to quickly and safely respond to a fire.

Volunteers should report immediately to their supervisor for instruction.

### Proper Fire Extinguishing Technique:



### Evacuation:

Horizontal Relocation: the movement of patients, volunteers, and staff during a fire emergency through a fire door to a safer area on the same floor

Vertical Relocation: Moving patients down an enclosed fire escape stairwell. This method is used when a horizontal relocation is not possible

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Signature

## ANNUAL VOLUNTEER TRAINING UPDATE

### GENERAL SAFETY & SECURITY

All hospitals strive to provide a safe environment for patients, visitors, staff and volunteers, and to safeguard property from damage. The Police Service tries to prevent problems from occurring and is responsible for many areas, including the parking areas and visitor areas, trespassing, illegal drugs, solicitation, etc. The purpose of security is to be a presence, not a police force.

#### **Services Provided:**

- Maintain close relations with local police department
- Patrol indoors and outdoors 24 hours a day
- Increase patrols after dark, including door checks
- Personal escorts to and from vehicles for employees and volunteers
- Register employee vehicles and control parking
- Investigate injuries, incidents or thefts
- Help manage emergencies as per emergency plans
- Control employee/volunteer identification process

#### **How can volunteers help?**

- Report all incidents (thefts, accidents, suspicious persons) immediately by calling Police Services
- Report problems with non-patient equipment to Engineering Service
- Report other hazards to the Safety Office
- Report spills to the Environmental Management Service (EMS)

#### **Security Issues:**

**All volunteers are required to wear photo ID badges at all times.** Voluntary Service will supply volunteers with a temporary ID badge if personal badges are forgotten at home. Badges are to be turned in at termination of volunteer service. In order to protect property from theft or damage, hazards such as burned out lights, broken locks, missing signs, etc., should be reported immediately. Keys should never be left unattended. Computer access codes should never be shared. Computers must be logged off when not in use to prevent unauthorized persons from using them while unattended.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Signature

# ANNUAL VOLUNTEER TRAINING UPDATE

## INFECTION CONTROL

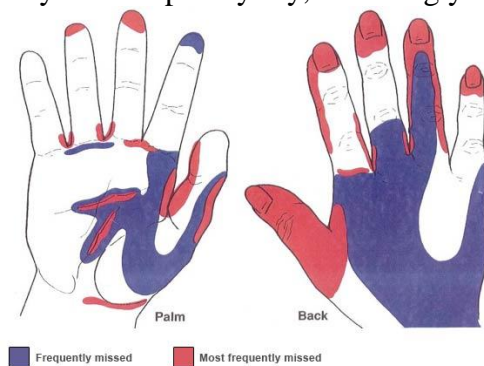
While no environment is germ-free, we can take several simple steps to prevent the spread of infection. The single most effective measure to prevent the spread of pathogens is **proper & frequent hand washing**. This is especially true if you follow these simple steps:

### **Soap & Water:**

- Moisten hands with water and **then** apply soap
- Rub your hands together vigorously for at least **15 seconds**, covering all areas of your hands and fingers, paying special attention to your fingernails
- Rinse your hands with warm water and dry them with a paper towel
- Use the towel to turn off the faucet

### **Alcohol-Based Hand Rub**

- Apply the hand rub to one of your palms and rub your hands together, making sure to completely cover all areas of your hands and fingers until they are completely dry, including your fingernails



### **When to Wash:**

1. Before and after your work session
2. Before and after physical contact with patients
3. After using the bathroom, blowing your nose, covering a sneeze
4. Whenever hands become obviously soiled
5. Before and after eating, drinking, or handling food

To further halt the spread of infection, volunteers will wear gloves when handling blood or body fluids, or when handling food. Gloves are to be worn when carrying specimens or if a patient is coughing, bleeding, etc. Gloves should not be worn all of the time or when walking the halls. In addition, anyone serving food will refrain from eating while serving food. When removing gloves, pull them back so that they are turned wrong side out, then immediately dispose of gloves in trash.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Signature

VA Voluntary Service (VAVS) personnel, including volunteers, and any other personnel, who provide information or assistance to VA veteran patients on voter registration must abide by the following rules.

- You **MAY**:

- Provide a form or other information to register to vote or to obtain an absentee ballot from the appropriate state.
- Assist in completing and mailing the form to register to vote or obtain an absentee ballot, or in completing the ballot itself.
- Direct a veteran patient to the state or local government office or entity responsible for voter registration, for example, State Secretary of State, State Board of Elections.

- You **MAY NOT**:

- Discuss partisan politics, promote a particular candidate, party or issue, or even express a personal opinion on a candidate, party or issue in response to a question from a patient.
- Wear any partisan political buttons, pins, or ribbons in a VA facility.
- Direct persons to any voter registration being conducted by a partisan entity, for example a political party, union or special interest group.

**CERTIFICATION: I have read and understand what is and is not permissible in connection with my providing voter registration assistance. I understand that the Hatch Act may place other limitations on my ability to engage in partisan political activities and that the above requirements are not intended as an exhaustive list of do's and don'ts under the Hatch Act. I understand that I should address any questions I have on providing voter registration assistance to the local Regional Counsel.**

PRINT NAME (*Last, First, Middle Initial*)

SIGN

DATE



**Shadowing/Observation Program Agreement Form for Tennessee Valley HealthCare System (TVHS)**

**During my shadowing/observation participation, I agree to the following:**

1. The student agrees to comply with all VA hospital guidelines throughout the shadowing experience.
2. The student agrees to adhere to the TVHS hospital's dress policy. Therefore, your attire, grooming, and personal hygiene are critically important.
3. TVHS is dedicated to providing shadowing/observing opportunities but understand and accept your role. The student observer will always be accompanied by a VA staff member.
4. The student is responsible for taking direction from the staff supervisor.
5. The student will not
  - provide any hands-on care during this experience
  - nor take a medical history
  - examine a patient
  - provide medical advice to a patient
  - assist in procedures
  - or write or document in the medical record
6. The student will be punctual and follow all guidelines.
7. The student will accept directions and follow instructions from staff in the event of an emergency or disaster.
8. The student will email shadowing hours no less than monthly to the appropriate contacts.
9. The student will always wear their ID badge.

I have read and understood the information contained in this document.

By signing below, I acknowledge that I have read and understand the above information and agree to all of the terms and conditions as described.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## VA Privacy Training for Personnel without Access to VA Computer Systems or Direct Access or Use to VA Sensitive Information

The Department of Veterans Affairs, VA must comply with all applicable privacy and confidentiality statutes and regulations. One of the requirements in VA is to have all personnel trained annually on privacy requirements. “Privacy” represents what must be protected by VA in the collection, use, and disclosure of personal information whether the medium is electronic, paper or verbal.

This document satisfies the “basic” privacy training requirement for a contractor, volunteer, or other personnel **only if** the individual does not use or have access to any VA computer system such as Time and Attendance, PAID, CPRS, VistA Web, VA sensitive information or protected health information (PHI), whether paper or electronic. You will find this training outlines your roles and responsibility for protecting VA sensitive information (medical, financial, or educational) that you may incidentally or accidentally see or overhear.

If you have direct access to protected health information or access to a VA computer system where there is protected health information such as CPRS, VistA Web, you must take “Privacy and HIPAA Focused Training” (TMS 10203). “VA Privacy and Information Security Awareness and Rules of Behavior” (TMS 10176) is always required in order to use or gain access to a VA computer systems or VA sensitive information, whether or not protected health information is included. Both trainings are located within the VA Talent Management System (TMS): <https://www.tms.va.gov>

### **What is VA Sensitive Information/Data?**

All Department information and/or data on any storage media or in any form or format, which requires protection due to the risk of harm that could result from inadvertent or deliberate disclosure, alteration, or destruction of the information. The term includes not only information that identifies an individual but also other information whose improper use or disclosure could adversely affect the ability of an agency to accomplish its mission, proprietary information, and records about individuals requiring protection under applicable confidentiality provisions.

### **What is Protected Health Information?**

The HIPAA Privacy Rule defines protected health information as Individually Identifiable Health Information transmitted or maintained in any form or medium by a covered entity, such as VHA.

### **What is an “Incidental” Disclosure?**

An incidental disclosure is one where an individual’s information may be disclosed incidentally even though appropriate safeguards are in place. Due to the nature of VA communications and practices, as well as the various environments in which Veterans receive healthcare or other services from VA, the potential exists for a Veteran’s protected health information or VA sensitive information to be disclosed incidentally.

For example:

- You overhear a healthcare provider's conversation with another provider or patient even when the conversation is taken place appropriately.
- You may see limited Veteran information on sign-in sheets or white boards within a treating area of the facility.
- Hearing a Veteran's name being called out for an appointment or when the Veteran is being transported/escorted to and from an appointment.

### **Safeguards You Must Follow To Secure VA Sensitive Information:**

- Secure any VA sensitive information found in unsecured public areas (parking lot, trash can, or vacated area) until information can be given to your supervisor or Privacy Officer. You must report such incidents to your Privacy Officer timely.
- Don't take VA sensitive information off facilities grounds without VA permission unless the VA information is general public information, i.e., brochures/pamphlets.
- Don't take pictures using a personal camera without the permission from the Medical Center Director.
- Any protected health information overheard or seen in VA should not be discussed or shared with anyone who does not have a need to know the information in the performance of their official job duties, this includes spouses, employers or colleagues.
- Do not share VA access cards, keys, or codes to enter the facility.
- Immediately report lost or stolen Personal Identity Verification (PIV) or Veteran Health Identification Cards (VHIC), any VA keys or keypad lock codes to your supervisor or VA police.
- Do not use a VA computer using another VA employee's access and password.
- Do not ask another VA employee to access your own protected health information. You must request this information in writing from the Release of Information section at your facility.

### **What are the Six Privacy Laws and Statutes Governing VA?**

1. Freedom of Information Act (FOIA) compels disclosure of reasonably described VA records or a reasonably segregated portion of the records to any person upon written request unless one or more of the nine exemptions apply.
2. Privacy Act of 1974 provides for the confidentiality of personal information about a living individual who is a United States citizen or an alien lawfully admitted to U.S. and whose information is retrieved by the individual's name or other unique identifier, e.g. Social Security Number.
3. Health Insurance Portability and Accountability Act (HIPAA) provides for the improvement of the efficiency and effectiveness of health care systems by encouraging the development of health information systems through the establishment of standards and requirements for the electronic transmission, privacy, and security of certain health information.
4. 38 U.S.C. 5701 provides for the confidentiality of all VA patient and claimant information, with special protection for their names and home addresses.
5. 38 U.S.C. 7332 provides for the confidentiality of drug abuse, alcoholism and alcohol abuse, infection with the human immunodeficiency virus (HIV) and sickle cell anemia medical records and health information.

6. 38 U.S.C. 5705 provides for the confidentiality of designated medical-quality assurance documents.

**What are the Privacy Rules Concerning Use and Disclosure?**

You are not authorized to use or disclose protected health information. In general, VHA personnel may only use information for purposes of treatment, payment or healthcare operations when they have a need-to-know in the course of their official job duties. VHA may only disclose protected health information upon written request by the individual who is the subject of the information or as authorized by law.

**How is Privacy Enforced?**

There are both civil and criminal penalties, including monetary penalties that may be imposed if a privacy violation has taken place. Any willful negligent or intentional violation of an individual's privacy by VA personnel, contract staff, volunteers, or others may result in such corrective action as deemed appropriate by VA including the potential loss of employment, contract, or volunteer status.

Know your VA/VHA Privacy Officer and Information Security Officer. These are the individuals to whom you can report any potential violation of protected health information or VA sensitive information, or any other concerns regarding privacy of VA sensitive information.

**YOU ARE RESPONSIBLE FOR PROTECTING THE CONFIDENTIAL INFORMATION OF OUR VETERANS**

\_\_\_\_\_  
Employee (Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Print Name of Contract Agency, if contractor

Thomas J. Gallagher Chief , Volunteer Service

Print Name of VHA Department/Supervisor/Contracting Officer

PROVIDE A COPY OF THIS FORM TO YOUR SUPERVISOR/CONTRACTING OFFICER FOR DATA ENTRY INTO TALENT MANAGEMENT SYSTEM

**COVID-19 VA Tennessee Valley Healthcare System  
Volunteer Commitment to Personal and Public Safety**

As a volunteer at the VA Tennessee Valley Healthcare System, I will:

**\*Wear a mask at all times while in the facility as deemed necessary by facility leadership**

**\*Maintain social distance guidelines as deemed necessary by facility leadership**

**\*Follow all other guidelines, including, but not limited to: proper hand sanitation, not touching eyes, nose and mouth and staying home if sick. I also understand that if I am volunteering during flu season (from December through March), I must get the flu vaccine prior to November 30<sup>th</sup>.**

**\*I have read and understand the 'Stop the Spread of Germs' and the 'Mask Safety' handouts.**

**I understand that not complying will result in forfeiting my opportunity to volunteer.**

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

COVID-19 Tennessee Valley Healthcare System  
Volunteer Commitment to Personal and Public Safety

Updated

July 26, 2023

TVHS is operating at a “medium” COVID level, this means the following:

\* Masks are required in HIGH-RISK areas those areas will be posted with signage stating mask is required

\* Masks are optional in all non-high-risk areas

\*Staff and Volunteers must wear a mask is asked to do so by a Veteran or a caregiver

\*Social distancing is optional

\*If TVHS COVID-19 operating level is changed, masking, social distancing, and other precautionary requirements can change.

\*If you are **exposed** to COVID 19 please contact a member of employee health, no later than the morning of the next business day:

\*If you are **sick and/or tested positive** for COVID-19, you must remain off campus until you have met criteria to return to work, and contact employee health:

Clarksville: 931-232-1319

Nashville: 615-873-7230

Murfreesboro: 615-225-4770

Chattanooga: 423-646-3724

I have read and understand the instructions above and agree to adhere to TVHS policy.

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Printed name

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Signature

---

Date