# Orlando VA Medical Center Voluntary Services

**Lake Nona: 407-631-0135 | Lake Baldwin: 407-646-5070**

## VOLUNTEER ONBOARDING INSTRUCTIONS

### Step 1 (Enrollment Office)

**In Person**

_____ Date ☐ Complete the **VOLUNTEER REGISTRATION** and turn into Enrollment

_____ Date ☐ Parental consent if underage; 14-17 years old, complete page 2; Enrollment keeps a copy of page 2

### Step 2 (QuantiFERON Test)

**In Person**

_____ Date ☐ Report to Room 2Q211 (Occupational Health) for a QuantiFERON test free of charge. **Monday, Tuesday, Wednesday, and Friday from 9 am to 11:30 am and 1 pm to 3 pm, at Lake Nona in room 2Q211** (2nd floor, D&T)

_____ Date ☐ The QuantiFERON test is mandatory for all volunteers. QuantiFERON is conducted on a walk-in basis: **At the Lab Monday thru Friday between 9 am to 3 pm** (1st floor, between the Canteen and Radiology)

### Step 3 (Security Clearance)

_____ Date ☐ Fingerprints are done at **Lake Nona (2nd Floor, RM 2k502)**. Appointments are preferred and to schedule an appointment please go to https://va-piv.com/. Create an account before scheduling an appointment. However, walk-in times are available **Monday 9 am – 11 am,** Wednesday **1 pm – 3 pm** & **Friday 9 am - 11:30 am** and **1 pm – 3 pm.**

- Bring two forms of identifications
- Fingerprints are not required for those under 18 years of age
- Steps 1- 3 can be completed on the same day

### Step 4 (Application Packet)

_____ Date ☐ Complete the "**APPLICATION FOR VOLUNTARY SERVICE**" VA Form 10-705

_____ Date ☐ Complete the **VOLUNTEER INTEREST QUESTIONNAIRE**

_____ Date ☐ Please return this checklist along with the completed application and questionnaire to Voluntary Service Office at Lake Nona Room 1GC04 or Lake Baldwin Room 1213

**(Online)**

_____ Date ☐ If you prefer to complete online, both forms can be found at **www.orlando.va.gov/giving/index.asp**

_____ Date ☐ Once the Application Packet is completed, please email to VHAORLVoluntary@va.gov

**Congratulations! You have completed the package. Once the Voluntary Service staff has been notified of your background investigation clearance you will receive a phone call to schedule your orientation. At the time of your orientation you will receive your volunteer badge. Please bring proper identification.**

**Thank you for your interest in becoming an official OVAMC Volunteer. Without the assistance of our volunteers we would be unable to do some of the great things we do for our Veterans. We pride ourselves on having a program that is as rewarding to the volunteer as it is beneficial to the patients, families, visitors, caregivers, and staff. For any questions about the program or the onboarding process contact the Voluntary Services.**

Voluntary Service
DEPARTMENT OF VETERANS AFFAIRS

# (PLEASE PRINT)

# VOLUNTEER SERVICE ENROLLMENT

**STEP 1**

**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 Affair.

## COMPLETE HIGHLIGHTED AREAS

| LAST NAME | FIRST NAME | MIDDLE |
|---|---|---|
| DATE OF BIRTH | FULL SSN | (Please check one)<br>☐ MALE ☐ FEMALE |
| ADDRESS (Street, City, State and Zip Code | HOME PHONE | CELL PHONE |

| ARE YOU OR YOUR SPOUSE A VETERAN ENROLLED IN THIS CLINIC? (Please check one)<br>☐ YES ☐ NO ☐ DOES NOT APPY | VETERAN'S NAME & SSN |
|---|---|

| MARITAL STATUS (Please check one)<br>☐ MARRIED ☐ NOT MARRIED<br>☐ DIVORCED ☐ WIDOW | MOTHER'S MAIDEN NAME | PLACE OF BIRTH (City and State) |
|---|---|---|

| ETHNICITIES (Please check one) | RACE (Please check one) | |
|---|---|---|
| ☐ SPANISH, HISPANIC OR LATINO | ☐ NATIVE AMERICAN OR ALASKA NATIVE | ☐ ASIAN |
| ☐ NO, NOT SPANISH, HISPANIC OR LATINO | ☐ BLACK OR AFRICAN AMERICAN | ☐ WHITE |
| | ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | |

**NEXT OF KIN/EMERGENCY CONTACT**

| NAME | RELATIONSHIP | |
|---|---|---|
| ADDRESS | HOME PHONE | CELL PHONE |

Voluntary Service
DEPARTMENT OF VETERANS AFFAIRS

**(PLEASE PRINT)**

# Occupational Health Voluntary Service QuantiFERON Test

**STEP 2**

Volunteer applicants: Report to Room 2Q211 (Occupational Health) for a QuantiFERON (blood draw) free of charge, **Monday, Tuesday, Wednesday and Friday from 9 am to 11:30 am and 1 pm to 3pm.** Submit this form to Occupational Health staff. A QuantiFERON Order will be entered into our system, then you are to report to our lab.

The blood draw is conducted on a walk-in basis: **Monday to Friday from 9 am to 3 pm at the Lake Nona Lab (1st floor)** next to Radiology-West side of the facility, opposite Patriot Canteen. The QuantiFERON (blood draw) is mandatory for all volunteers.

The Voluntary Service Office-will be notified once you are cleared.

Following the above test, please proceed to Step 3 {adults only if applicable) & Step 4 of the Volunteer applicant process.

**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.

**COMPLETE HIGHLIGHTED AREAS ONLY**

| LAST NAME: | FIRST NAME: | MIDDLE: | DATE OF BIRTH: |
|---|---|---|---|
| LAST 4 SSN: | TELEPHONE NUMBER: | SERVICE/UNIT: (Please check one)<br>☐ VOLUNTEER ☐ WORK-STUDY<br>☐ JUNIOR VOLUNTEER | |

**QUANTIFERON RESULT:** _____

**CLEARED FOR VOLUNTEER DUTIES:**

_____ _____

Occupational Health Signature Date

**ADDITIONAL COMMENTS:**

# Step 3 (Security Clearance)

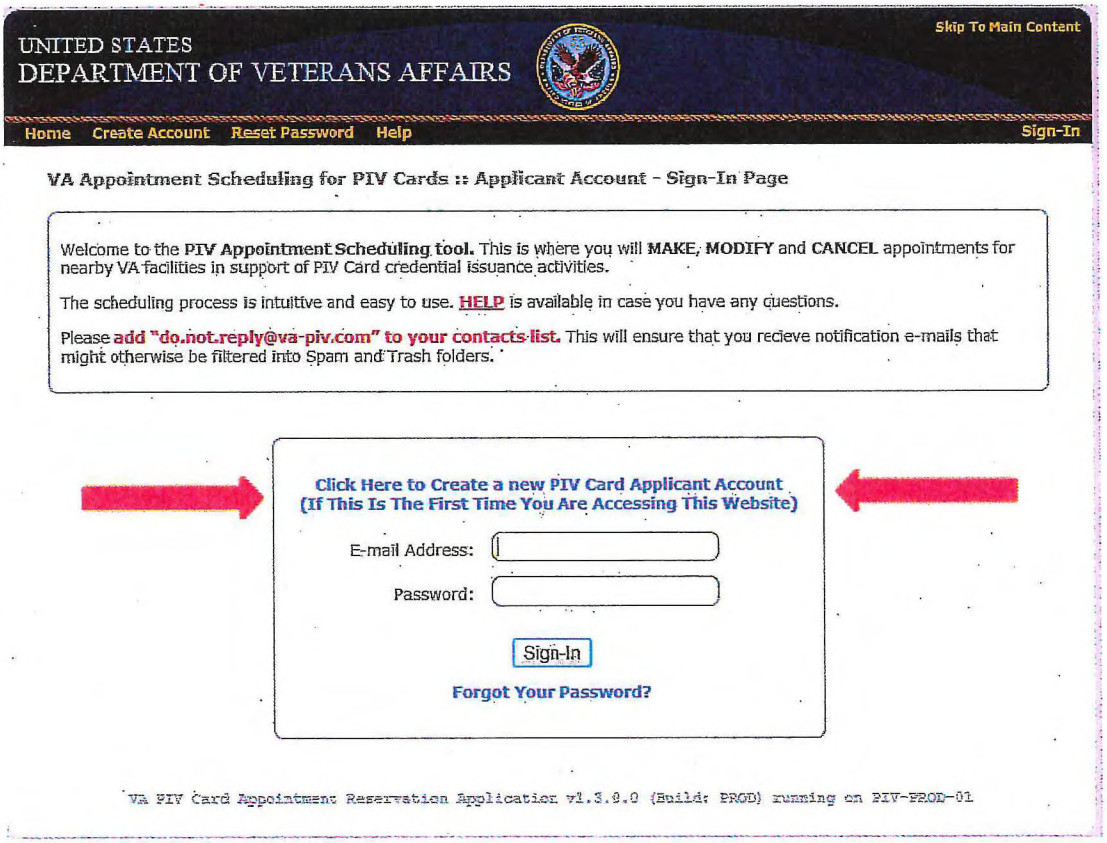
Dear New Volunteers,

Please use the following link to access the Department of Veterans Affairs Scheduling Portal

https://va-piv.com/

This site is where you need to go to schedule your Fingerprint or PIV appointments.

If this is your first time accessing this portal please use the link above the login area (See Below) to create your account.




**Use dropdown box to schedule for Lake Nona or Lakemont Orlando FL locations*

**Security Walk-in Hours:**

**Monday: 9 a.m. – 11 a.m.**

**Wednesday: 1 p.m. – 3 p.m.**

**Friday: 9 a.m. – 11:30 a.m.**

**1 p.m. – 3 p.m.**

# Step 3 (Security Clearance)

**VA Appointment Scheduling for Fingerprints or PIV Cards:**

**Applicant Account - Create Account page**

Please fill out all fields and click the button below to create your account.

First Name: _____ Last Name: _____

E-mail Address: _____ Phone Number: Prefix: _____ Line Number: _____

Extension: _____

Password: _____ Verify Password: _____

Organization: VHA Applicant Type: Affiliate (non-employee/ non-contractor)

Create Account

**Passwords must contain 8-12 characters and at least one of each of the following types of characters:**

**UpperCase, LowerCase, Numeric, and a Special Character**

**Example: A b 3 [! #$^*()-+=:;/?\.,][}{><&"'%@]**

**The HR Security office is located at Lake Nona on the 2nd floor hospital side of the building.**

**STEP 3**

**Please Fill Out #1 thru 14 and Return to HR Security**

## DEPARTMENT OF VETERAN AFFAIRS HUMAN RESOURCES BACKGROUND INITIATION FORM

**PRIVACY ACT STATEMENT:** VA follows the requirements of the Privacy Act, which protects your personal information that we maintain in what are called systems of records. A system of records is a file, database, or program from which personal information is retrieved by name or other personal identifier. In other words, the Privacy Act applies when any personal information is used to verify identity or another interaction with VA takes place-such as when information is provided to establish employment. The Privacy Act provides a number of protections for personal information. These protections include how this information is _collected, used, disclosed, stored and discarded.

The information collected is protected by the Privacy Act and maintained under the authority of 38 USC 501 and 38 USC 901-905. The system of records notice for this system is 103VA07B, Police and Security Records-VA.

**PAPERWORK REDUCTION ACT NOTICE:** The public reporting burden is approximately 5 minutes including time to review instruction, find the information, and complete this form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer {005E3), 810 Vermont Avenue, Washington, DC 20420.

### SECTION I – APPLICANT INFORMATION

| 1. LEGAL NAME OF APPLICANT (INSERT LAST, FIRST, FULL MIDDLE & SUFFIX NAME) | 2. DATE OF BIRTH (MM/DD/YYYY) |
|---|---|
| | |

| 3. SOCIAL SECURITY NO: | 4. PHONE.NUMBER (INCLUDE AREA CODE) | 5. E-MAIL ADDRESS |
|---|---|---|
| | | |

| 6. SEX | 7. RACE | 8. HEIGHT | 9. WEIGHT | 10. EYE COLOR | 11. HAIR COLOR | 12. PLACE OF BIRTH (INCLUDING CITY) |
|---|---|---|---|---|---|---|
| | | | | | | |

| 13. SIGNATURE OF APPLICANT | 14. DATE SIGNED |
|---|---|
| | |

### SECTION II – BACKGROUND CHECK DATES

| 1A. DATE INITIATED BACKGROUND | SAC (Fingerprint Check) | NACI | OTHER (Specify) |
|---|---|---|---|
| 1B. DATE ADJUDICATED | SAC (Fingerprint Check) | NACI | OTHER (Specify) |

**NOTES**

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

**STEP 4**

*OMB Number 2900-0090*
*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

DATE OF BIRTH

TELEPHONE NUMBER

E-MAIL ADDRESS

SEX ☐ M ☐ F

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

ASSIGNMENT PREFERENCES

1. 2. 3.

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 |
|---|---|---|
| | | |



EXISTING STOCK OF VA FORM 10-7055, MAY 2007, WILL BE USED.

# STEP 4 VOLUNTEER INTEREST QUESTIONNAIRE

Thank you for inquiring about volunteer opportunities at the Orlando VA Medical Center. Please take a few minutes to complete our Volunteer Interest Questionnaire. You will be match with a position that compliments your interests, skills and availability.

Please choose your availability from the following: Select all that apply:

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

Are you available to volunteer for special events? Yes No

What type of volunteer position interests you?

_____

Are you available to commit to volunteering for at least six months? Yes No

What attracts you to Orlando VA Medical Center volunteer program?

_____

_____

**Please select all that apply:**

Administrative Skills: Microsoft Word Excel Basic Typing Print/Scan/Fax Phone Skills

Interests: Patient Escort CLC Duties Fiscal (Clerical) Voluntary (Clerical) Information Desk

Special Events Admin Support (Any Service) Shuttle Cart Driver

**Check desired VA location:**

__Lake Nona -13800 Veterans Way, Orlando FL 32827

- __ Community Living Center Bldg. 11
- __ Domiciliary Bldg. 9
- __ Fisher House

___Lake Baldwin- 5201 Raymond Street, Orlando FL 32803

__ Daytona- 551 National Health Care Drive Daytona Beach, FL 32114

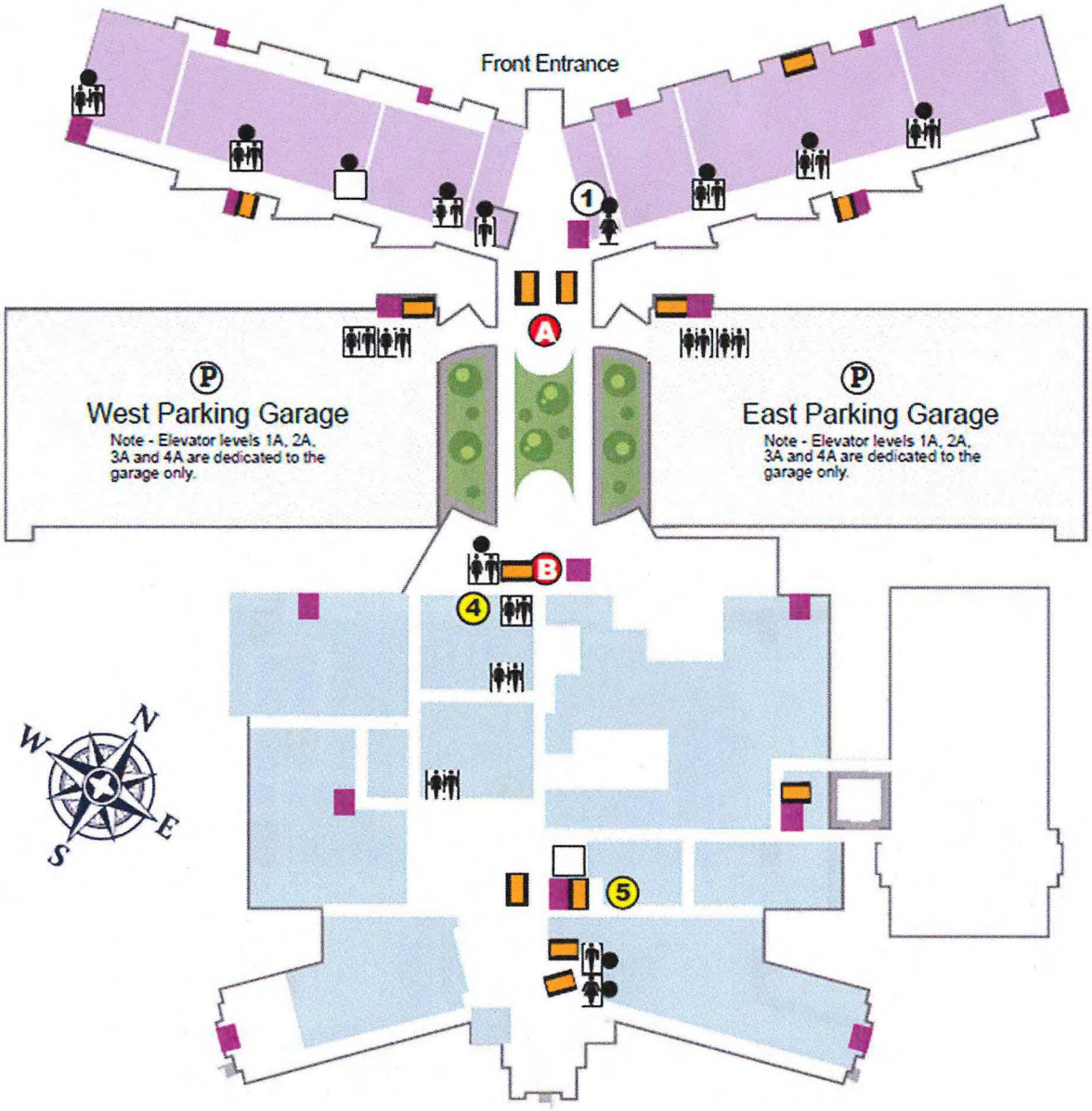
___Viera - 2900 Veterans Way, Viera FL 32940

**FOR OFFICE USE ONLY:**

Comments: _____

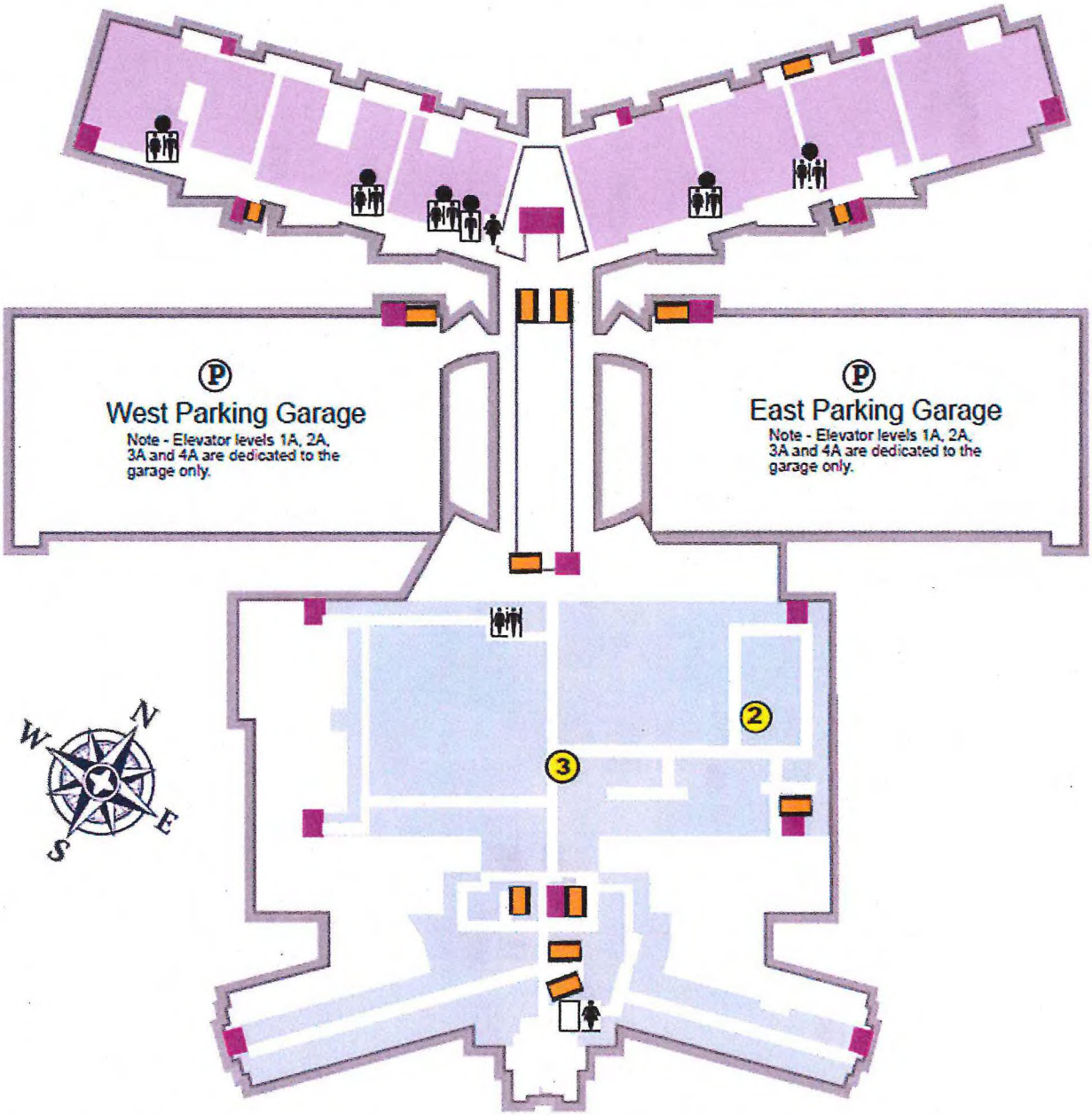
Received by VAVS staff: _____ Date: ____/___/____

# 1st Floor Lake Nona Medical Center




1. Take a right out of Voluntary Services and exit through the set of double doors, then take a right and follow hallway towards the North entrance of the hospital, After passing the information desk (A) and clinic elevators, Enrollment is on the right.
2. When you are finished at Enrollment, follow the main hallway to the Atrium Elevator (B) located between Lab and Patriot Canteen. Take elevator to second floor.

# 2nd Floor Lake Nona Medical Center




3. After exiting Atrium Elevator (B) go straight and take the first hallway on your left. Then take the next hallway on your left and **Occupational Health**, Room 2K502 will be the third door on your right.
4. Take a left out of Occupational Health, at the end of the hallway take a right and follow towards the main hallway. **HR Security**, Room 2Q211 is the last door on your left.
5. When completed at HR Security, return to Atrium Elevator (B), take to the first floor to Lab for your blood draw.
6. Return completed packet to Voluntary Service.