



April 1, 2019

Dear Student & Parent/Guardian:

Thank you for your interest in volunteering at the Miami VA Healthcare System (MVAHS) VA Voluntary Service (VAVS) Program. We appreciate your willingness to serve the men and women who are still paying the price for our freedom.

In order to be considered as a participant in the 2019 VAVS Summer Student Volunteer Program, students must be **14 to 18** years of age. No exceptions will be granted. The program will run **June 17th – August 9, 2019**. Interested students must comply with the following:

1. Complete the Student Volunteer Application Packet
  - a. Interview Form (both sides)
  - b. Parent/Guardian Authorization for Treatment of Minors Form
  - c. Student Volunteer Information & Agreement Form. (keep one copy for yourself)
  - d. Proof of tuberculosis testing within one year of **June 17, 2019**. (Note: No tuberculosis tests will be given at the VA)
  - e. Submit package no later than **June 3, 2019**.
2. The deadline for returning a completed application package is **June 3, 2019**. There are a limited number of positions available; therefore applications will be processed in the order received. However, submitting an application does not guarantee acceptance or placement in the program. Interviews will be conducted with each applicant to determine suitability and availability to meet facility needs.
3. You are responsible for:
  - a. Scheduling an interview with Mr. Carlos Julemiste (Miami VA) Voluntary Service Specialist. Interview reservations will be taken at both Miami VAMC & Broward OPC from **June 3rd – June 9th**. The interviews will take place between 8:00 a.m. to 3:00 p.m., **June 10th – June 14th**.
  - b. Pending the outcome of the interview, students will be scheduled for orientation on **June 17th** in the auditorium at the MVAHS located at 1201 NW 16<sup>th</sup> Street, Miami, FL, 33125.
  - c. **Your parent or guardian must attend orientation with you.**
  - d. Provide proof of tuberculosis test
4. Students need to present their **school identification card** to be issued a VA identification badge.

The VA and VAVS Staff appreciate your desire to help Veterans and we look forward to your participation in the program.

Please call the Voluntary Service Office if you have any questions at (305) 575-3140. We look forward to meeting you this summer and hope you can join us at the Student Recognition Ceremony scheduled for **August 8<sup>th</sup>** at Broward OPC, 9800 W. Commercial Blvd. Sunrise, FL 33351 and **Aug 9<sup>th</sup>** for the Miami VAMC located at 1201 NW 16<sup>th</sup> Street, Miami, FL, 33125.

Mernie E. Williams  
Chief, Voluntary Service  
Summer Student Program Coordinator



## STUDENT VOLUNTEER INFORMATION & AGREEMENT

Student & Parent/Guardian agree to:

1. VAVS will issue a navy blue polo shirt to each student. The shirt must be worn while volunteering. Students are responsible for laundering their own shirt. Slacks, trousers or jeans may be worn with the shirt and must be clean, without holes and worn at the waist. No saggy pants, shorts, miniskirts, spandex, tights, high heels, flip-flops, slippers and/or open toed shoes are allowed. Athletic shoes or the equivalent will be worn.
2. Students must wear their VA issued ID badge above the waist at all times while on duty. ID Badges must be returned to the VAVS Office at the end of the program, unless other arrangements are made.
3. Students must follow all MVAHS and Service level policies, rules, regulations, and procedures as explained by VAVS and Service Supervisors. Failure to comply with these rules, i.e., ID badges, uniform, attendance and behavior will result in immediate removal from the Program. Parent/Guardian or emergency person on file will be contacted to pick-up the student.
4. Awards and scholarships will be presented at the Student Recognition Program on **August 9, 2019**.

The Best Essay Award entitled ***“What I’ve Learned While Serving Our Veterans This Summer”*** must be:

- a. Typed (Arial font/12 Pitch), no longer than two pages, and double spaced.
  - b. Hand delivered to the respective VAVS Office (Broward or Miami) by **close of business Monday, July 15, 2019. (no faxes or emails will be accepted)**
  - c. Late essays after deadline date will not be accepted. **(No Exceptions)**
5. The Student Recognition Program will be held at the MVAHS located at 1201 NW 16<sup>th</sup> Street, Miami, FL, 33125 from **9:30 a.m. – 2:00 p.m. on August 9, 2019**. By signing this agreement, parents or guardians are authorizing their child to attend this event.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Volunteer Copy**



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2. Students must wear their VA issued ID badge above the waist at all times while on duty. ID Badges must be returned to the VAVS Office at the end of the program, unless other arrangements are made.
3. Students must follow all MVAHS and Service level policies, rules, regulations, and procedures as explained by VAVS and Service Supervisors. Failure to comply with these rules, i.e., ID badges, uniform, attendance and behavior, will result in immediate removal from the Program. Parent/Guardian or emergency person on file will be contacted to pick-up the student.
4. Awards and scholarships will be presented at the Special Recognition Program on **August 9, 2019**.

The Best Essay Award about *“What I’ve Learned While Serving Our Veterans This Summer”* must be

- a. Typed (Arial font/12 Pitch), no longer than two pages, and double spaced.
  - b. Hand delivered to the respective VAVS Office (Broward or Miami) by **close of business Monday, July 15, 2019. (no faxes or emails will be accepted)**
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5. The Student Recognition Program will be held at the MVAHS located at 1201 NW 16<sup>th</sup> Street, Miami, FL, 33125 from **9:30 a.m. – 2:00 p.m. on August 9, 2019**. By signing this agreement, parents or guardians are authorizing their child to attend this off station event.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Sign and Return with Application Packet**



**PARENTAL/GUARDIAN AUTHORIZATION  
FOR TREATMENT OF MINORS (UNDER AGE OF 18)**

I authorize that, in the event of an illness or injury, medical or hospital care is provided to my son/daughter:

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

I further authorize each of the following:

- A. I grant permission to the attending physician or MVAHS staff member to employ such diagnostic procedures and medical treatment as deemed necessary.
- B. I authorize the MVAHS Employee Health Office or other medical care units to release medical record information to the appropriate health insurance carrier in order to process claims.
- C. I understand that I am financially responsible for charges not covered by the MVAHS or insurance and hereby guarantee full payment to the physicians or health care units.

Name of Parent or Guardian \_\_\_\_\_  
(Please Print)

Work Phone No. \_\_\_\_\_

Home Phone No. \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

**Signature of Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Guardian/Custodian** \_\_\_\_\_ **Date** \_\_\_\_\_

***MVAHS EMPLOYEE HEALTH OFFICE – USE ONLY***

*FOR TELEPHONE AUTHORIZATION ONLY:*

Parent/Guardian Contacted \_\_\_\_\_ Phone # \_\_\_\_\_

Witness: \_\_\_\_\_

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

**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 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. 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.

NAME (Last, First, Middle Initial)		ADDRESS (Street, City, State and Zip Code)		DATE
Telephone Number	Email Address (Optional)			Birth Date
ORGANIZATION MEMBERSHIP(S) Unit, Post, Chapter, if affiliated)		ASSIGNMENT PREFERENCES		
		1.	2.	3.

EXPERIENCE AND TRAINING (special skills/abilities)

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RESTRICTIONS, LIMITATIONS OF SERVICE (Health concerns, medications, allergies, etc.)	AVAILABILITY (Days and times)

IN CASE OF EMERGENCY PLEASE CONTACT (name, relationship, phone number)

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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.) I hereby accept the volunteer appointment(s) as outlined above.

_____ Volunteer's 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
1.-SUPERVISOR	<b>OFFICE USE ONLY</b>	
	2. SUPERVISOR PHONE	
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 Veterans care 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