

**HINES VA HOSPITAL  
VOLUNTARY SERVICE- BUILDING 9  
5000 S. 5<sup>TH</sup> AVENUE, HINES, IL 60141  
708-202-2523**

**BECOMING A VOLUNTEER**

**STEP 1: Complete the Special Agreement Check (SAC), a fingerprint check, given at no charge to you. Complete and take the attached SAC form to **Building 17, Human Resources Office**. HR is open Monday-Friday, from 8:00 a.m. to 4:30 p.m.**

**STEP 2: New Volunteer Mantoux Test (2 Step Tuberculosis skin test) is given at no charge to you at Employee Health located in **Building 1, Room E120** . If you have had a TB test within the last year, please bring a copy of the results to Employee Health. You will be retested in 1 to 3 weeks after your initial TB test. Upon completion of the both TB tests you will receive a Mantoux Test Verification Form that must be brought to Voluntary Service.**

**STEP3: 2 WEEKS after completing Steps 1 & 2, you must call Voluntary Service, 708-202-2523, Monday- Friday from 7:00 a.m. to 3:00 p.m. (except Federal holidays) to verify your fingerprints have cleared and register for one of the orientation dates listed below. There are a limited number of spaces, so some dates may not be available.**

**Orientations are given in the Auditorium, next to Voluntary Service, in Building 9 and are approximately 1 to 1 ½ hours long. You must be on time. Latecomers will be asked to reschedule for another date and time. **We will not accept any completed applications until you attend our orientation.****

**Parking is an issue. There may be some volunteer parking slots available; if so, you must come in to the Voluntary Service Office and ask for a one day parking pass for your vehicle.**

**If you are performing Court Ordered Community Service, you must bring all appropriate paperwork from the court in to Voluntary Service PRIOR to beginning any step.**

**2014 Orientation Dates & Times**

Tuesday, January 7- 9:00 a.m.	Thursday, August 7- 9:00 a.m.
Thursday, January 23- 9:00 a.m.	Tuesday, August 19- 1:00 p.m.
Monday, February 3- 1:00 p.m.	Tuesday, September 9- 9:00 a.m.
Thursday, February 13- 9:00 a.m.	Thursday, September 18- 9:00 a.m.
Tuesday, March 4- 9:00 a.m.	Tuesday, October 7- 9:00 a.m.
Monday, March 24- 9:00 a.m.	Thursday, October 23- 9:00 a.m.
Tuesday, April 1- 1:00 p.m.	Thursday, November 6- 1:00 p.m.
Monday, April 21- 9:00 a.m.	Tuesday, November 25- 9:00 a.m.
Tuesday, May 13- 9:00 a.m.	Thursday, December 4- 9:00 a.m.
Thursday, May 29- 9:00 a.m.	

# SECURITY ALERT!

Any person over the age of 18 applying to become a regularly scheduled VOLUNTEER at the Edward Hines VA are required to have fingerprints taken. Please be advised that potential Volunteer acceptance/approval is determined by the Chief of Voluntary Services and the decision is FINAL.

## PLEASE READ THE FOLLOWING CAREFULLY

1. You must get your fingerprints completed and they must clear prior to attending the Voluntary Service Orientation. Fingerprinting can be completed in bldg.17 of Human Resources, Monday to Friday from 8:00am-4:00pm., except Federal holidays, no appointment necessary.
2. If the minimum requirement is not met, which means your fingerprints did not clear. You will not qualify to become a volunteer. If for any reason your fingerprints do not clear you are encouraged to contact your local Circuit Court regarding your background (personal history, past). Voluntary Service or Human Resources cannot and will not provide this information to you.
3. E-Qip- (Federal Background Investigation) is required to be completed for any volunteer that will be given access to the Federal Governmental computer system. E-Qip is an electronic system that can easily be accessed through your Internet browser by utilizing the following internet address for E-Qip at [www.opm.gov/e-qip/](http://www.opm.gov/e-qip/). Please beware that you will only have access to the system after you have been fingerprinted. An email notification will be sent to the email address you provide. You will be given (FOUR) 4 business days to complete the online questionnaire.

**THANK YOU FOR YOUR COOPERATION  
HINES VA HOSPITAL STAFF**



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		Date of Birth	SEX <input type="checkbox"/> M <input type="checkbox"/> F
Email Address (Optional)			

ORGANIZATION MEMBERSHIP(S) Unit, Post, Chapter, If affiliated)	ASSIGNMENT PREFERENCES
	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>

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., 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 \_\_\_\_\_

OFFICE USE ONLY

1. SUPERVISOR	2. SUPERVISOR PHONE NUMBER
3. ORIENTATIONS	4. UNIFORM

COMMENTS	NAME AND TITLE OF REVIEWER	DATE

**Edward J. Hines, Jr. Hospital  
Hines, IL  
Confidentiality Statement**

I \_\_\_\_\_,  
am aware of the requirements for confidentiality. I will not divulge any information in any way to any person except in accordance with established confidentiality regulations. The penalties for unauthorized disclosure of confidential and privileged records have been explained to me.

Under Section 3305, 38 U.S.C. and VA confidentiality regulations, records and documents which are confidential and privileged information, except as authorized by established confidentiality regulations, shall be fined not more than \$5,000.00 in the case of the first offense and not more than \$20,000.00 in the case of each subsequent offense.

I hereby waive all claims to monetary benefits for services rendered as a volunteer worker on a "without compensation" basis. I understand that this waiver applies only to compensation for specific services rendered in the Voluntary Service Program and has no relation to any compensation for other services or benefits to which I may be entitled.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EDWARD HINES, JR. VA HOSPITAL**  
**HOSPITAL RULES**

**YOU MUST** take a Mantoux (tuberculosis) 2-step skin test prior to beginning you assignment.

**DON'T** discuss or argue conversational topics such as race, religion or politics.

**DON'T** Interrupt anyone while in a patient's room. Any patient information will not be discussed with anyone.

**DON'T** become financially involved with a patient. This means you **CANNOT** handle any banking needs, including check cashing, handling of patient cash, or any other personal banking requests.

**DON'T** sign wills, legal or business papers of any kind.

**DON'T** accept gifts, loan or borrow money to or from anyone.

**DON'T** allow yourself to become emotionally involved with patients. You **MUST NOT** show any partiality.

**DON'T** give anyone your address or phone number.

**DON'T** bring gifts, food, alcohol, narcotics, cigarettes, or medicine to any patient.

**DON'T** photograph, film, video or audio tape any patient without prior written authorization.

**DON'T** probe or ask personal questions.

**DO** be a good listener, friendly but impersonal. Conduct yourself with dignity and courtesy at all times.

**DO** report any unusual or sudden changes in a patient's condition to the ward nurse, doctor or appropriate VA employee.

**DO** accept and respect any advice or suggestions from the staff; we are here to help you.

**DO** report any accidents or injuries to your supervisor immediately.

**YOU MUST** wear your identification badge **AT ALL TIMES** while you are volunteering at this hospital. **BE PROUD** of volunteering at Hines.

All volunteer/group/organizational activities **MUST** be coordinated through Voluntary Service.

**I HAVE READ AND UNDERSTAND THE ABOVE HINES VA HOSPITAL RULES. I ALSO UNDERSTAND THAT ANY VIOLATION OF THESE RULES IS GROUNDS FOR IMMEDIATE DISMISSAL.**

\_\_\_\_\_  
SIGNATURE OF VOLUNTEER

\_\_\_\_\_  
DATE



**EMPLOYEE HEALTH Tb (Tuberculosis) SKIN TEST DOCUMENTATION FORM**  
 Edward Hines, Jr. VA Hospital 5000 S. 5<sup>th</sup> Avenue, Hines, IL 60141  
 Employee Health Bldg. 1, Section E, Room 120 - Phone 708.202.2186 - Fax 708.202.2310

VOLUNTEER/EMPLOYEE NAME _____	SS# (last four) _____	DATE _____
ADDRESS _____	DAYTIME PHONE WITH AREA CODE _____	
CITY, STATE & ZIP CODE _____	DATE OF BIRTH _____	SEX _____
E-MAIL ADDRESS _____	ADULT	STUDENT
	<input type="checkbox"/> EMPLOYEE	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> VOLUNTEER

Employees/Volunteers are **REQUIRED** to be screened for tuberculosis (Tb) prior to your start date. If available, please provide documentation of previous Tb testing documentation. If you have a history of a positive Tb skin test, you may receive a chest x-ray unless evidence of a negative chest x-ray is presented. In addition, please review the symptoms of Tb highlighted in the last paragraph and sign below.

Please bring this form to Employee Health (see above) on Mondays, Tuesdays, Wednesdays or Fridays (not on Thursdays) between **8 a.m.-12 p.m.**, or **2 p.m. and PRIOR to 4 p.m.** for the test. Please anticipate 2 or more additional visits for evaluation and administration with the dates to be determined. If you fail to return for the reading, you may need to have the test repeated.

\*\*\*\*\*INFORMATION BELOW TO BE COMPLETED BY EHS MEDICAL PERSONNEL\*\*\*\*\*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> NKDA           | <input type="checkbox"/> Allergy _____                | (To be performed 1-3 weeks after first test and only if first test is negative/not positive) |
| <input type="checkbox"/> No Hx of + TST | <input type="checkbox"/> No Immuno/Medical Compromise |  |

TEST #1	TEST #2
Administration Date: _____ CPRS <input type="checkbox"/>	Administration Date: _____ CPRS <input type="checkbox"/>
Lot #: _____ Exp: _____ Mfr. _____	Lot #: _____ Exp: _____ Mfr. _____
0.10cc L or R forearm ID (circle L or R)	0.10cc L or R forearm ID (circle L or R)
Titled Signature: _____	Titled Signature: _____
Date Test Read: _____ CPRS <input type="checkbox"/>	Date Test Read: _____ CPRS <input type="checkbox"/>
Result: Negative: _____ ( ) mm of induration	Result: Negative: _____ ( ) mm of induration
Not Positive: _____ ( ) mm of induration	Not Positive: _____ ( ) mm of induration
Positive: _____ ( ) mm of induration	Positive: _____ ( ) mm of induration
Indeterminant: _____	Indeterminant: _____
Titled Signature: _____	Titled Signature: _____

Quantiferon T-spot Test ordered/reviewed (circle one)	Results Reviewed
Date: _____ Result: _____	Titled Signature: _____
If positive, will need chest x-ray	Chest x-ray Date _____
** POSITIVE results/history of the following tests will require a chest x-ray:	Chest x-ray Results _____
✓ TST	Results Reviewed
✓ Quantiferon	Titled Signature: _____
✓ T-spot Test	

\*\*\*\*FOR THOSE WITH A POSITIVE TB SKIN TEST HISTORY\*\*\*\*

If you have had a positive Tb skin test in the past and are NOT experiencing any Tb symptoms such as *persistent cough, night sweats, coughing up blood, malaise or weight loss*, please sign below.

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

FOR EHS PERSONNEL ONLY: Clearance Form to Voluntary Services via  VOLUNTEER or  I/O MAIL