



## DCVAMC SYVP 2016 Application Printing Guidelines

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★ **APPLICATION MUST BE PRINTED SINGLE-SIDED**

★ **APPLICATION MUST BE PRINTED IN COLOR**

★ Hard Copy Applications Available

Voluntary Service, Room GC-113  
Monday-Friday, 7:30AM-4:00PM

★ Double-Sided/B&W Applications Will Not Be Accepted

★ Questions

Rachel A. Childress  
Summer Youth Volunteer Coordinator  
(202) 745-8320 or [Rachel.Childress@va.gov](mailto:Rachel.Childress@va.gov)



# HOW TO BECOME A SUMMER YOUTH VOLUNTEER

June 20—July 29, 2016

Washington DC Veterans Affairs  
Medical Center  
Voluntary Service, Rm GC-113  
50 Irving Street NW  
Washington, DC 20422  
(202) 745-8320

## APPLICATION DEADLINE

Voluntary Service Office  
Room GC-113  
Friday, May 13, 2016  
No Later Than 4:00PM  
  
HARD COPY MUST BE  
HAND DELIVERED  
MANDATORY

## NEW APPLICANT INTERVIEW

Voluntary Service Office  
Room GC-113  
Saturday, May 21, 2016  
8:00AM-12:00PM  
  
MUST SCHEDULE UPON  
SUBMISSION OF APPLICATION  
MANDATORY

## NOTICE OF ACCEPTANCE

Via Email No Later Than  
Friday, June 10, 2016  
4:00PM

## PARENT ORIENTATION

Recreation Therapy Room  
Room GC-120  
Wednesday, June 15, 2016  
6:00PM-7:00PM  
(All Parents)  
MANDATORY

## YOUTH ORIENTATION

Freedom Auditorium, 4th Floor  
  
Monday, June 20, 2016  
9:00AM-1:00PM  
(Last Name A-L)  
  
Tuesday, June 21, 2016  
9:00AM-1:00PM  
(Last Name M-Z)  
  
Thursday, June 23, 2016  
9:00AM-2:00PM  
(All Youth)  
ALL DATES MANDATORY

Thank you for your interest in joining the Washington DC Veterans Affairs Medical Center (DCVAMC) Summer Youth Volunteer Program (SYVP)!

The six-week-accredited-program is a positive learning experience for 14-17 year olds in the DC Metro Area, not only providing personal and professional growth, but creating a mutually beneficial relationship among Veterans, staff, volunteers, visitors, and family members.

DCVAMC SYVP provides curricular structure, allowing Youth Volunteers to engage in supervised activities throughout the Medical Center, participate in military cultural awareness events, socialize with their fellow peers, and gain a greater understanding of providing exceptional healthcare for Veterans.

## MANDATORY FOR DCVAMC SYVP 2016 PARTICIPATION

-  14-17 years old
-  Must be a U.S. Citizen
-  Submission of Application Checklist Items 1-15
-  Government Issued Photo ID     Original: First Day of Youth Orientation  
Copy: Application Submission
-  Certified Birth Certificate     Original: First Day of Youth Orientation  
Copy: Application Submission
-  Medical Shot Records     Copy: Application Submission
-  Valid Email Address for DCVAMC SYVP 2016 Communication
-  Adherence to Mandatory Dates for DCVAMC SYVP 2016
-  Personal Essay     Specifications: Double-Spaced  
Minimum (1)Page

New Applicant Question: Why did you choose to participate in DCVAMC SYVP, and what were the deciding factors?

Returning Applicant Question: How has participating in DCVAMC SYVP impacted you personally? Please give examples.

## QUESTIONS? DETAILS?

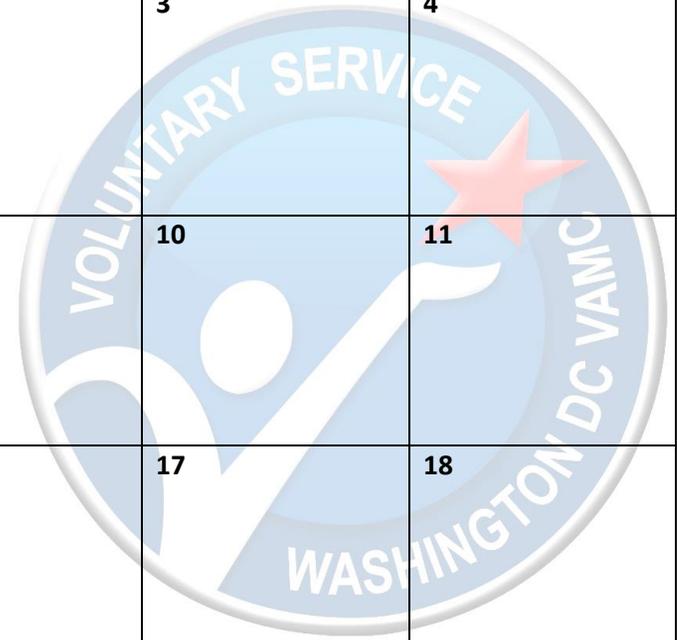
Rachel A. Childress, Summer Youth Volunteer Coordinator, Voluntary Service  
Room GC-113 Monday-Friday, 7:30AM-4PM (202) 745-8320 Rachel.Childress@va.gov

# MAY 2016

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
8	9	10	11	12	13 Application Deadline Voluntary Service Room GC-113, 4:00PM <b>HARD COPY MUST BE HAND DELIVERED MANDATORY</b>	14
15	16	17	18	19	20	21 New Applicant Interview Voluntary Service Room GC-113 8:00AM-12:00PM <b>MANDATORY</b>
22	23	24	25	26	27	28
29	30	31				

# JUNE 2016

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15 <b>Parent Orientation</b> 6:00-7:00PM DCVAMC, Room GC-120 Recreation Therapy (All Parents) <b>MANDATORY</b>	16	17	18
19	20 <b>Youth Orientation</b> 9:00AM-1:00PM DCVAMC, 4 <sup>th</sup> Floor Freedom Auditorium (Last Name A-L) <b>MANDATORY</b>	21 <b>Youth Orientation</b> 9:00AM-1:00PM DCVAMC, 4 <sup>th</sup> Floor Freedom Auditorium (Last Name M-Z) <b>MANDATORY</b>	22	23 <b>Youth Orientation</b> 9:00AM-2:00PM DCVAMC, 4 <sup>th</sup> Floor Freedom Auditorium (All Youth) <b>MANDATORY</b>	24	25
26	27 	28	29	30		



# JULY 2016

 = EXTRA CREDIT VOLUNTEER HOURS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1	2
3	4  HOLIDAY NO VOLUNTEERING	5	6	7 Speaker Series 9:00AM-11:00AM DCVAMC, 4 <sup>th</sup> Floor Freedom Auditorium 		9
10	11	12	13	14 Speaker Series 9:00AM-11:00AM DCVAMC, 4 <sup>th</sup> Floor Freedom Auditorium 		16
17	18	19	20	21 Speaker Series 9:00AM-11:00AM DCVAMC, 4 <sup>th</sup> Floor Freedom Auditorium 		23 VVMF Wall-Washing 5:00AM-11:00AM Vietnam Veteran Mem Washington, DC (Meet @ DCVAMC) 
24	25	26	27	28  LAST DAY OF VOLUNTEERING	29 Closing Ceremony 12:00PM-1:30PM DCVAMC, 4 <sup>th</sup> Floor Freedom Auditorium Social Gathering 1:30-3:00PM	

DCVAMC SUMMER YOUTH VOLUNTEER PROGRAM  
 SCHEDULE 2016



Washington DC Veterans Affairs Medical Center  
Voluntary Service, Room GC-113  
50 Irving Street, NW  
Washington, DC 20422  
(202) 745-8320

**ASSEMBLE PACKET ACCORDING TO APPLICATION CHECKLIST**  
**YELLOW-HIGHLIGHTED ITEMS IN EACH DOCUMENT MUST BE COMPLETED**  
**INCOMPLETE SUBMISSIONS WILL NOT BE ACCEPTED**

**DCVAMC SYVP 2016**  
**APPLICATION CHECKLIST**

**New Applicant** (PLEASE CHECK ONE)  **Returning Applicant**

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_

- 1. Application for Voluntary Service, VA Form 10-7055
- 2. Summer Youth Volunteer Availability
- 3. Personal Essay
- 4. Copy of Government Issued Photo ID (School ID Prohibited)
- 5. Copy of Certified Birth Certificate
- 6. Request for Personal Identity Verification Card, VA Form 0711
- 7. Information Required for Fingerprinting & ID Badge
- 8. Photograph Consent, VA Form 10-3203
- 9. Medical History Form w/ Medical Shot Records
- 10. Employee Health Record
- 11. Parental Consent for Summer Youth Volunteers (Occupational Health)
- 12. Parental Consent for Summer Youth Volunteers (Voluntary Service)
- 13. Statement of Understanding
- 14. Contract of Commitment
- 15. Schedule New Applicant Interview (Mandatory upon Submission)

**VOLUNTARY SERVICE USE ONLY**

Delivered \_\_\_\_\_

Staff Initials \_\_\_\_\_



# 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.

<b>NAME (Last, First, Middle Initial)</b>		<b>ADDRESS (Street, City, State and Zip Code)</b>	<b>DATE</b>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<b>Telephone Number</b>	<b>Email Address (Optional)</b>		<b>Date of Birth</b>
<input type="text"/>	<input type="text"/>	SEX <input type="checkbox"/> M <input type="checkbox"/> F	
<b>ORGANIZATION MEMBERSHIP(S) Unit, Post, Chapter, if affiliated)</b>		<b>ASSIGNMENT PREFERENCES</b>	
<input type="text"/>		1. <input type="text"/>	2. <input type="text"/>
		3. <input type="text"/>	

**EXPERIENCE AND TRAINING (special skills/abilities)**

<b>RESTRICTIONS, LIMITATIONS OF SERVICE (Health concerns, medications, allergies, etc.)</b>	<b>AVAILABILITY (Days and times)</b>
<input type="text"/>	<input type="text"/>

**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.

<input type="text"/>	<input type="text"/>
<b>Volunteer's Signature</b>	<b>Date</b>

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 <input type="text"/>	2. SUPERVISOR PHONE NUMBER <input type="text"/>
3. ORIENTATIONS <input type="text"/>	4. UNIFORM <input type="text"/>

<b>COMMENTS</b>	<b>NAME AND TITLE OF REVIEWER</b>	<b>DATE</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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.



Washington DC Veterans Affairs Medical Center  
Voluntary Service, Room GC-113  
50 Irving Street, NW  
Washington, DC 20422  
(202) 745-8320

## DCVAMC SYVP 2016 Summer Youth Volunteer Availability

**Please circle all days of availability and denote times.**

Listing availability will determine your overall DCVAMC SYVP 2016 Schedule, and imperative when solidifying acceptance into DCVAMC SYVP 2016.

**MONDAY** \_\_\_\_\_AM to \_\_\_\_\_PM

**TUESDAY** \_\_\_\_\_AM to \_\_\_\_\_PM

**WEDNESDAY** \_\_\_\_\_AM to \_\_\_\_\_PM

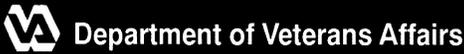
**THURSDAY** \_\_\_\_\_AM to \_\_\_\_\_PM

**FRIDAY** \_\_\_\_\_AM to \_\_\_\_\_PM

**Please list dates you are unavailable to volunteer (e.g. school, vacation, camp, etc.).**

Summer Youth Volunteers are responsible for scheduling make-up days for lost volunteer hours.

**REMINDER:** Applicants must adhere to mandatory dates for DCVAMC SYVP 2016. Summer Youth Volunteers must complete a minimum of (100) service hours throughout the duration of DCVAMC SYVP 2016, June 20-July 29, 2016. The DCVAMC SYVP 2016 Schedule is no more than (3) days per week, (8) hours per day, Monday-Friday, 7:30AM-4:00PM, or 8:00AM-4:30PM, including a daily (30)-minute lunch.



## REQUEST FOR PERSONAL IDENTITY VERIFICATION CARD

**PRIVACY ACT STATEMENT:** VA is authorized to ask for the information requested on this form by Homeland Security Presidential Directive (HSPD)-12, and 31 USC 7701. The information and biometrics collected, collected as part of the Federal identity-proofing program under HSPD-12 are used to verify the personal identity of VA applicants for employment, employees, contractors, and affiliates (such as students, WOC employees, and others) prior to issuing a Department identification credential. The credentials themselves are to be used to authenticate electronic access requests from VA employees, contractors, and affiliates issued a Department identification credential to gain access to VA facilities and networks (where available) through digital access control systems, as well as to other federal government agency facilities and systems where permitted by law. The information collected on this form is protected by the Privacy Act, 5 USC Section 552(a) and maintained under the authority of 38 USC Section 501 and 38 USC Sections 901-905 in VA system of records "Police and Security Records-VA (103VA07B)". VA may make a "routine use" disclosure of the information in this system of records for the routine uses listed in this system of records, including: civil or criminal law enforcement, constituent congressional communications initiated at your request, litigation or administrative proceedings in which the United States is a party or has an interest, the administration of VA programs, verification of identity and status, and personnel administration by Federal agencies. Failure to provide all of the requested information may result in VA being unable to process your request for a Personal Identity Verification Card, or denial of issuance of a Personal Identity Verification Card. If you do not have a Personal Identity Verification Card, you may not be granted access to VA facilities or networks, which could have an adverse impact on your application to become, or status as, a VA employee, contractor or affiliate where such access is required to perform your assigned duties or responsibilities.

**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

#### APPLICANT INFORMATION *(Completed by Applicant)*

1. LEGAL NAME OF APPLICANT <i>(Insert last, first, middle and suffix name)</i>		2. NICKNAME TO BE USED FOR APPLICANT <i>(Insert last name and first name, if applicable)</i>	
3. DATE OF BIRTH <i>(MM/DD/YYYY)</i>	4. SOCIAL SECURITY NO.	5. HOME PHONE NUMBER <i>(Include Area Code)</i> <b>(Optional)</b>	
6. HOME E-MAIL ADDRESS <b>(Optional)</b>		7. HOME ADDRESS	
8. SIGNATURE OF APPLICANT			9. DATE SIGNED

### SECTION II - SPONSOR VERIFICATION *(Completed by Sponsor)*

#### PART A - APPLICANT EMPLOYMENT INFORMATION *(Completed by Sponsor)*

1. NAME AND ADDRESS OF FACILITY OR ASSIGNED DUTY STATION		2. NAME OF SPONSORING DEPARTMENT, SERVICE, OR SECTION, AND MAIL ROUTING SYMBOL	
		3. CREDENTIALS/ORGANIZATIONAL TITLE <i>(AKA Position/Job Title)</i>	4. COST CTR.
		5. WORK PHONE NUMBER <i>(If applicable)</i>	6. WORK E-MAIL ADDRESS

#### PART B - TYPE OF REQUEST AND EMPLOYMENT STATUS *(Completed by Sponsor)*

1. TYPE OF REQUEST			
NEW ID	RENEWAL	REPLACEMENT ID <i>(Damaged/Lost)</i>	CHANGE LEVEL OF ACCESS
2. TYPE OF CARD		3. TYPE OF ACCESS	
PERSONAL IDENTITY VERIFICATION (PIV)		VA (NON-PIV)      LOGICAL ACCESS _____ <i>(Domain)</i> PHYSICAL ACCESS <i>(Complete Part D)</i>	
4. EMPLOYMENT STATUS			
VA EMPLOYEE		CONTRACTOR	AFFILIATE <i>(Specify)</i> TEMPORARY VA EMPLOYMENT

#### PART C - PHYSICAL SECURITY ACCESS DATA *(Completed by Sponsor)*

1. SPECIAL SECURITY ACCESS REQUIRED		2. SPECIFY LOCATION OF SPECIAL SECURITY <i>(i.e. tower, bldg. no., etc.)</i>		3. IS APPLICANT A KEY EMERGENCY RESPONDER, CRITICAL EMPLOYEE, OR NEITHER?	
YES <i>(If "YES," Specify in Item 2)</i> NO				EMERGENCY RESPONDER	
				CRITICAL EMPLOYEE      NEITHER	

#### PART D - TYPE OF BACKGROUND INVESTIGATION FOR POSITION *(Completed by Sponsor)*

TYPE OF BACKGROUND INVESTIGATION FOR POSITION					
SAC	NACI	SECRET	TOP SECRET	OTHER <i>(Specify)</i>	

#### PART E - CONTRACTORS, AFFILIATES, AND TEMPORARY EMPLOYMENT INFORMATION *(Completed by Sponsor)*

1. EMPLOYMENT EXPIRATION DATE /CONTRACT END DATE <i>(MM/DD/YYYY)</i> <i>(For Contractors, Affiliates, and Temporary Employment)</i>		2. NAME OF FIRM OR COMPANY <i>(If applicable)</i>		
3. NAME OF CONTRACTING OFFICER TECH. REPR. <i>(If applicable)</i>		4. NAME OF RESPONSIBLE VA ORGANIZATION		5. MAIL ROUTING SYM.

**PART F - SPONSOR AUTHORIZATION AND CERTIFICATION (Completed by Sponsor)**

**CERTIFICATION:** I Certify under penalty of perjury that the information in Section II is true and correct.

1. NAME OF SPONSOR	2. SPONSOR CREDENTIALS/ORGANIZATIONAL TITLE	
3. CERTIFICATE NUMBER (Issued by PCI Manager or Registrar)	4. SIGNATURE OF SPONSOR	5. DATE SIGNED (MM/DD/YYYY)
6. WORK ADDRESS	7. NAME OF SPONSOR'S DEPARTMENT, SERVICE, OR SECTION	
	8. WORK PHONE NUMBER (Include Area Code)	
	9. WORK E-MAIL ADDRESS	

**SECTION III - APPLICANT IDENTITY VERIFICATION (Completed by Registrar)**

**INSTRUCTIONS:** To be completed and signed by Registrar at the time of proofing. Review Section I - Applicant Information, and Section II - Sponsor Verification, assuring that information has been filled out correctly and signed accordingly. The identification must follow these guidelines:

- Applicant must present two (2) forms of identification from the Accepted Identification Documentation List.
- The names on the identification must match exactly (If one ID has a full middle name, and the other has a middle initial, then the initial must match).
- One State or Federal ID must contain a photograph. ● Both IDs must be original documents. ● Both IDs must be currently valid, not expired.
- Verify that the applicant has background information on file. If no evidence of a SAC exists, then capture fingerprint data and process accordingly.

**PART A - BACKGROUND CHECK**

**1. TYPE OF BACKGROUND CHECK**

	SAC (Fingerprint Check)	NACI	OTHER (Specify)
1A. DATE INITIATED BACKGROUND CHECK (MM/DD/YYYY)			
1B. DATE ADJUDICATED BACKGROUND CHECK (MM/DD/YYYY)			

2. FINGERPRINTS CAPTURE REQUIRED? YES      NO (If "NO," proceed to Part B)	3. SEX	4. RACE	5. HEIGHT	6. WEIGHT	7. EYES	8. HAIR	9. PLACE OF BIRTH
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10. NOTICABLE SCARS AND TATTOOS

**PART B - PHOTOGRAPHIC IDENTIFICATION NUMBER 1**

1. EXACT NAME LISTED ON PHOTO ID	2. DOCUMENT IDENTIFICATION NUMBER	3. EXPIRATION DATE (MM/DD/YYYY)
4. DOCUMENT TYPE	5. ISSUANCE DATE (MM/DD/YYYY)	6. ISSUING AUTHORITY

**PART C - IDENTIFICATION NUMBER 2**

1. EXACT NAME LISTED ON ID	2. DOCUMENT IDENTIFICATION NUMBER	3. EXPIRATION DATE (MM/DD/YYYY)
4. DOCUMENT TYPE	5. ISSUANCE DATE (MM/DD/YYYY)	6. ISSUING AUTHORITY

**PART D - REGISTRAR INFORMATION AND SIGNATURE**

1. WORK ADDRESS	2. PRINTED NAME OF REGISTRAR	
	3. NAME OF DEPARTMENT, SERVICE, OR SECTION	
	4. WORK PHONE NUMBER (Include Area Code)	5. WORK E-MAIL ADDRESS
	6. DATE APPLICANT INITIATED BACKGROUND INVESTIGATION	
7. APPLICANT'S REQUEST FOR PERSONAL IDENTITY VERIFICATION CARD <b>ACTION TAKEN:</b> APPROVED      DENIED		

**CERTIFICATION:** I certify that under penalty of perjury that I have examined the documents presented by the above named person, and that the above listed documents appear to be genuine and to relate to the person named.

8. SIGNATURE OF REGISTRAR	9. DATE SIGNED (MM/DD/YYYY)
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**SECTION IV - PERSONAL IDENTITY VERIFICATION CARD ACCEPTANCE****PART A - CARD INFORMATION***(Completed by Issuer)*

1. NEW PIV CREDENTIAL SERIAL NUMBER	2. OLD ACCESS ID CARD NUMBER	3. EXPIRATION DATE (MM/DD/YYYY)
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**PART B - PERSONAL IDENTITY VERIFICATION CARD ACCEPTANCE** *(Completed by Applicant)***ACKNOWLEDGEMENT:** I acknowledge receiving my identity credential and will comply with the following obligations:

- I have been provided training on the responsibilities associated with receipt of this Personal Identity Verification Card.
- I will use my Personal Identity Verification card in accordance with the training I have been provided.

**CERTIFICATION:** I certify that I have read and agree to the above statements and that I have received my card.

1. PRINTED NAME OF APPLICANT	2. APPLICANT SIGNATURE OF ACCEPTANCE	3. DATE SIGNED (MM/DD/YYYY)
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**PART C - PUBLIC KEY INFORMATION (PKI) CERTIFICATE ACCEPTANCE** *(Completed by Applicant)***AUTHORIZATION STATEMENT**

You have been authorized to receive one or more private and public key pairs and associated certificates. A private key enables you to digitally sign documents and messages and identify yourself to gain access to information systems and facilities. You may have another private key to decrypt data such as encrypted messages. People and electronic systems inside and outside VA will use public keys associated with your private keys to verify your digital signature, or to verify your identity when you attempt to authenticate to systems, or to encrypt data sent to you. The certificates and private keys will be issued on a token, for example your Personal Identity Verification Card. The token and the certificates and private keys on your token are government property. Users are authorized to use the certificates within VA, as well as while conducting business with other Federal, state, and Local Government agencies.

**ACKNOWLEDGEMENT OF RESPONSIBILITIES**

- I represent and warrant that the information provided in application for this certificate is accurate, current, and complete. If this information changes, I will notify my Registrar of the changes;
- I will use my certificate(s) and private key(s) for official purposes only;
- I will comply with the Certificate Practices Statement for selecting a Personal Identification Number (PIN) or other required method for controlling access to my private keys and will not disclose same to anyone, leave it where it might be observed, nor write it on the token itself;
- I understand that digital signatures applied using my digital certificates carry the same legal obligation as my physically signing the document;
- I understand that if I receive key management (encryption/decryption) key pairs on my token, copies of the private decryption keys have been provided to the key recovery database in case they need to be recovered; and
- I will report any compromise (e.g., loss, suspected or known unauthorized use, misplacement, etc.) of my PIN or token to my supervisor, security officer, Certification Authority (CA), or a Registrar, immediately.

**LIABILITY**

I will have no claim against VA arising from use of the PKI certificates, the key recovery process, or a Certification Authority's (CA) determination to terminate or revoke a certificate. VA is not liable for any losses, including direct or indirect, incidental, consequential, special, or punitive damages, arising out of or relating to any certificate issued by a VA CA.

**GOVERNMENT LAW**

VA Public Key Certificates shall be governed by the laws of the United States of America.

**CERTIFICATION:** I certify that I have read and agree to the above statements and that I have received my PKI certificate(s).

1. FULL LEGAL NAME OF APPLICANT	2. SIGNATURE OF ACCEPTANCE	3. DATE SIGNED (MM/DD/YYYY)
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**SECTION V - ISSUER** *(Completed by Issuer)*

1. WORK ADDRESS	2. PRINTED NAME OF ISSUER	
	3. NAME OF DEPARTMENT, SERVICE, OR SECTION	
	4. WORK PHONE NUMBER (Include Area Code)	5. WORK E-MAIL ADDRESS

**CERTIFICATION:** I certify under penalty of perjury, that I have monitored the identity verification of the person above in accordance with applicable identity proofing processes and have witnessed that person sign this form.

6. SIGNATURE OF ISSUER	7. DATE SIGNED (MM/DD/YYYY)
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# **PERSONAL IDENTIFICATION VERIFICATION (PIV) IDENTITY DOCUMENTATION CRITERIA**

**\*\*Summarized From: VA HANDBOOK 0735 APPENDIX D\*\***

1. The following criteria must be met by all VA employees, contractors, and affiliates prior to being issued a PIV Credential.

2. FIPS 201, Section 2.2 requires Applicants to provide two original forms of identity source documents. The identity source documents are taken from the list of acceptable documents included in *Form I-9, OMB No. 1615-0407, Employment Eligibility Verification*, dated March 8, 2013. At least one document shall be a valid State or Federal government-issued picture identification (ID).

### **3. Identity Document Criteria**

a. The Registrar must examine each Form I-9 approved identity document provided by the Applicant.

b. All identity source documents must be unexpired.

c. Any document that appears invalid (e.g., absence of security hologram, or other known security features, on a State issued driver's license; absence of security features on a birth certificate or passport; smeared ink; missing information; etc.) is to be rejected by the Registrar and reported to the facility PCI Manager for review.

d. Handwritten or photocopied documents are not acceptable.

### **4. Acceptable Identity Documents**

a. Two forms of identification are required from Table 1, Acceptable Identity Documents, for all PIV and Non-PIV Credentials. Flash Badges may be issued following review of a single identity document from Column A or B. The following combinations are accepted:

(1) Two forms of identification from Column A (Government Issued Photo ID);

(2) One form of identification from Column A and one form from Column B (Non-Picture ID or Acceptable Picture ID not issued by Federal or State Government);

### **5. Applicant Names**

a. The name of the Applicant in the credential request must match the name exactly as printed on at least one of the identity source documents. The names on the identity source documents must match using the examples in Table 2, Acceptable Name Mismatches and Table 3, Not Acceptable Name Mismatches.

b. Applicants with multiple last names may use the guidance for middle names in Table 2, Acceptable Name Mismatches.

c. An ID issued before a legal name change (e.g. birth certificate or driver's license) may be presented as one form of ID if a legal document (e.g. marriage certificate/license or a court

order) is also presented linking the previous name to the current legal name. The linking document must display both the former and current legal names. Both documents must be valid and not expired. For example, a married woman may use both a certified copy of her birth certificate displaying her maiden name and a driver's license displaying her married name as the 2 forms of ID compliant with PIV Guidelines as long as she provides a marriage license displaying both her maiden name and married name.

**Table 1. Acceptable Identity Documents**

<b>COLUMN A</b>	<b>COLUMN B</b>
<b>Government Issued Photo ID</b>	<b>Non-Picture ID and/or Acceptable Picture ID not issued by Federal or State Government</b>
<ul style="list-style-type: none"> <li>• State-Issued Driver's License</li> <li>• State DMV-Issued ID Card</li> <li>• U.S. Passport</li> <li>• Military ID Card</li> <li>• U.S. Coast Guard Merchant Mariner Card</li> <li>• Foreign Passport with appropriate stamps</li> <li>• Permanent Resident Card or Alien Registration Card with a photograph (INS Form I-15/I-551)</li> <li>• ID Card issued by federal or state government agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security Card</li> <li>• Certified Birth Certificate</li> <li>• State Voter Registration Card</li> <li>• Native American Tribal Document</li> <li>• Certificate of U.S. Citizenship (INS Form N-560 or N561)</li> <li>• Certificate of Naturalization (INS Form N-550 or N-570)</li> <li>• Certification of Birth Abroad Issued by Department of State (Form FS-545 or Form DS-1350)</li> <li>• Permanent or Temporary resident card</li> <li>• ID Card issued by local government agencies provided it includes the following information: name, date of birth, gender, height, eye color, and address</li> <li>• Non-photo ID Card issued by federal or state government provided it includes the following information: name, date of birth, gender, height, eye color, and address</li> <li>• School ID with photograph</li> <li>• Canadian Driver's License</li> <li>• U.S. Citizen ID Card (Form I-179)</li> </ul>



Complete ALL highlighted fields

### INFORMATION REQUIRED FOR FINGER PRINTING, ID BADGE, AND VEHICLE REGISTRATION

**Date of Request:** June 20, 2016 **SSN:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Professional Title:** Summer Youth Volunteer (ie: MD, PhD, DDS, DMD, PA, NP, RN)

**Service:** Voluntary Service **Telephone Extension:** x58320

Appointment: (Check One)	<input checked="" type="checkbox"/> <b>A Volunteer</b>	<input type="checkbox"/> B Student	<input type="checkbox"/> C Intern
	<input type="checkbox"/> D Contractor	<input type="checkbox"/> E Employee	<input type="checkbox"/> F Fee Base
<b>Expiration Date:</b> _____ (VAMC Employee Badge )	<input type="checkbox"/> G WOC	<input type="checkbox"/> H Fellow	<input type="checkbox"/> I Resident
	<input type="checkbox"/> O Observer	<input type="checkbox"/> V Visitor	<input type="checkbox"/> Z CWT

**Home Address:** \_\_\_\_\_ **Apartment Number:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:**  M  F **Race:** \_\_\_\_\_

**Country of Citizenship:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Eye Color:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Driver's License Number (if applicable):** \_\_\_\_\_ **State:** \_\_\_\_\_

#### VEHICLE INFORMATION

Vehicle #1	Vehicle #2
Make:	Make:
Model:	Model:
Style:	Style:
Color:	Color:
Year:	Year:
Tag Number:	Tag Number:
Vin Number	Vin Number
Proof of Insurance Yes [ ] No [ ]	Company Name:
Vehicle Registration State	Vehicle Registration State

**Decal Number:** \_\_\_\_\_ **Decal Number:** \_\_\_\_\_

**Parking Area Assigned:** General Garage Temporary TCN  
(Circle One)

**Transit Benefit:** Y / N (if YES register ONLY no decal issued) **For Employees Only**

**Handicap Registered :** Y / N



**CONSENT FOR PRODUCTION AND USE OF VERBAL OR WRITTEN STATEMENTS, PHOTOGRAPHS, DIGITAL IMAGES, AND/OR VIDEO OR AUDIO RECORDINGS BY VA**

Name of individual whose statement, likeness, or voice is requested, [redacted]

**NOTE:** The execution of this form does not authorize production or use of materials except as specified below. The specified material may be produced and used by VA for authorized purposes identified below, such as education of VA personnel, research activities, or promotional efforts. It may also be disclosed outside VA as permitted by law and as noted below. If the material is part of a VA system of records, it may be disclosed outside VA as stated in the "Routine Uses" in the "VA Privacy Act Systems of Records" published in the Federal Register.

The purpose of this form is to document your consent to the Department of Veterans Affairs' (VA) request to obtain, produce, and/or use a verbal or written statement or a photograph, digital image, and/or video or audio recording containing your likeness or voice. By signing this form, you are authorizing the production or use only as specified below.

You are NOT REQUIRED TO CONSENT TO VA's REQUEST to obtain, produce, and/or use your statement, likeness, or voice. Your decision to consent or refuse will not affect your access to any present or future VA benefits for which you are eligible.

You may rescind your consent at any time prior to or during production of a photograph, digital image, or video or audio recording, or before or during your provision of a verbal or written statement. You may rescind your consent after production is complete if the burden on VA of complying with that request is not unreasonable considering the financial and administrative costs, the ease of compliance, and the number of parties involved.

The photograph, digital image, and/or video or audio recording will be produced while I am (describe the activity or situation) (**To Be Completed by the Department of Veteran Affairs, if applicable**)

**Check at least one of the following (to be completed by VA)**

I hereby voluntarily and without compensation authorize [redacted]  
Name of Facility

to produce a photograph, digital image, and/or video or audio recording of me (or of the above named individual if the individual is legally unable to give consent).

I hereby voluntarily and without compensation authorize [redacted]  
Name of Facility

to obtain or use a verbal or written statement from me ( or the of the above named individual if the individual is legally unable to give consent).

I consent to allowing VA to record and use a verbal or written statement, or produce and use photographs, digital images, and video or audio recording for the purpose(s) identified below:

This product will be used: (NOTE: At least one of these boxes must be checked as well as a purpose described below) (to be completed by VA)

Internally (stay within VA)     Externally ( shared outside VA)

**Please check the applicable purpose(s) (to be completed by VA)**

**Promotional Efforts:**

Internal Publication (only VA)     External publication (publicly available)

Other (Specify): \_\_\_\_\_

**Research Activities:**     Study

**Education Purposes:**

Presentation     Conference     Publication in a Journal     Training

Other (Specify): \_\_\_\_\_

**VA ONLY Use:**

Performance Improvement     Quality Improvement     Health Care Operations

Other (Specify): \_\_\_\_\_

All of the Above

**NOTE:** Do not sign this form unless one or more of the boxes above has been checked.

I have read and understand the foregoing, and I consent to the use of a verbal or written statement from me, and/or of my likeness and/or voice as specified for the above-described purpose(s). I understand that no royalty, fee, or other compensation of any kind will be made to me by the United States for such use. I understand that consent to obtain, produce, and/or use a verbal or written statement, photograph, digital image, and video or audio recording containing my likeness or voice is voluntary, and my refusal will not adversely affect my access to any present or future VA benefits for which I am eligible. I further understand that I may, at any time, rescind my consent prior to or during production of a photograph, digital image, or video or audio recording. I also understand that I may rescind my consent after production is complete if the burden on VA of complying with that request is not unreasonable considering the financial and administrative costs, the ease of compliance, and the number of parties involved.

\_\_\_\_\_  
**Print Full Name (First and Last Name)**                      **Signature**                      **Date**

**Consent Obtained By (TO BE COMPLETED BY VA)**

\_\_\_\_\_  
**Print Employee Full Name**                      **Voluntary Service Specialist**                      **Title**                      **Date**

**Signature of Person Obtaining Consent (TO BE COMPLETED BY VA)**

\_\_\_\_\_  
**Signature**

**IMPORTANT:** If VA is providing or releasing any patient health or demographic information with the verbal or written statement, photograph, digital image, or video or audio recording, VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information, is required prior to the release of such data to any source outside VA.



Washington DC Veterans Affairs Medical Center  
Voluntary Service, Room GC-113  
50 Irving Street, NW  
Washington, DC 20422  
(202) 745-8320

# MEDICAL HISTORY FORM

Please provide the following information in reference to you and/or your dependent's health history:

<b>FULL NAME:</b> _____	<b>ASSIGNMENT:</b> Summer Youth Volunteer
<b>SOCIAL SECURITY #:</b> _____/_____/_____	
<b>DATE OF BIRTH:</b> _____/_____/_____	
<b>ALLERGIES:</b> _____	
<b>MEDICATIONS:</b> _____	

## Immunizations:

## Date:

Tetanus/Diphtheria

\_\_\_\_\_

Measles/Mumps/Rubella

\_\_\_\_\_

Hepatitis B Vaccine

\_\_\_\_\_

Tuberculosis Screening:

Have you had a TB screening before?     Yes     No

If yes, Date: \_\_\_\_\_ Results: \_\_\_\_\_

Summer Youth Volunteers will be given a TB screening at their Occupational Health Interview, unless documentation of a screening within the last 3 months is provided.

I certify that the information given by me (and/or my parent) is correct to the best of my knowledge and belief.

\_\_\_\_\_  
(SUMMER YOUTH VOLUNTEER SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(DATE)

**SUMMER YOUTH VOLUNTEERS MUST PROVIDE COPY OF MEDICAL SHOT RECORDS WITH THIS FORM**





Washington DC Veterans Affairs Medical Center  
Voluntary Service, Room GC-113  
50 Irving Street, NW  
Washington, DC 20422  
(202) 745-8320

**Date:** April 15, 2016  
**From:** Voluntary Service, Room GC-113  
**Subject:** Parental Consent for Summer Youth Volunteer, DCVAMC SYVP 2016  
**To:** Occupational Health, Room 1C-118  
Chief, Voluntary Service, Room GC-113

---

1. I give permission for [REDACTED] to participate in DCVAMC SYVP 2016.  
(PLEASE PRINT SUMMER YOUTH VOLUNTEER NAME)
2. I give permission for [REDACTED] to receive a pre-program medical evaluation to include immunizations. In addition, I authorize the initial evaluation and treatment of any work-related illness or medical emergency that may occur during his/her tenure as a DCVAMC SYVP 2016 participant.  
(PLEASE PRINT SUMMER YOUTH VOLUNTEER NAME)
3. I agree to the voluntary placement of [REDACTED], and understand this is based solely on the availability of his/her preferred work site service assignment during DCVAMC SYVP 2016.  
(PLEASE PRINT SUMMER YOUTH VOLUNTEER NAME)
4. I will be notified of [REDACTED]'s work site service assignment the first week of DCVAMC SYVP 2016, June 20-June 25, 2016.  
(PLEASE PRINT SUMMER YOUTH VOLUNTEER NAME)
5. I understand the completion and submission of [REDACTED]'s DCVAMC SYVP 2016 Application is not a guarantee of acceptance.  
(PLEASE PRINT SUMMER YOUTH VOLUNTEER NAME)

[REDACTED]  
(PARENT/GUARDIAN SIGNATURE)

[REDACTED]  
(DATE)

--- OCCUPATIONAL HEALTH COPY ---



Washington DC Veterans Affairs Medical Center  
Voluntary Service, Room GC-113  
50 Irving Street, NW  
Washington, DC 20422  
(202) 745-8320

**Date:** April 15, 2016  
**From:** Voluntary Service, Room GC-113  
**Subject:** Parental Consent for Summer Youth Volunteer, DCVAMC SYVP 2016  
**To:** Occupational Health, Room 1C-118  
Chief, Voluntary Service, Room GC-113

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1. I give permission for [REDACTED] to participate in DCVAMC SYVP 2016.  
(PLEASE PRINT SUMMER YOUTH VOLUNTEER NAME)
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(PLEASE PRINT SUMMER YOUTH VOLUNTEER NAME)
3. I agree to the voluntary placement of [REDACTED], and understand this is based solely on the availability of his/her preferred work site service assignment during DCVAMC SYVP 2016.  
(PLEASE PRINT SUMMER YOUTH VOLUNTEER NAME)
4. I will be notified of [REDACTED]'s work site service assignment the first week of DCVAMC SYVP 2016, June 20-June 25, 2016.  
(PLEASE PRINT SUMMER YOUTH VOLUNTEER NAME)
5. I understand the completion and submission of [REDACTED]'s DCVAMC SYVP 2016 Application is not a guarantee of acceptance.  
(PLEASE PRINT SUMMER YOUTH VOLUNTEER NAME)

[REDACTED]  
(PARENT/GUARDIAN SIGNATURE)

[REDACTED]  
(DATE)

--- VOLUNTARY SERVICE COPY ---



Washington DC Veterans Affairs Medical Center  
Voluntary Service, Room GC-113  
50 Irving Street, NW  
Washington, DC 20422  
(202) 745-8320

## DCVAMC SYVP 2016 Statement of Understanding

**SUMMER YOUTH VOLUNTEER:** I agree to adhere to the policies and procedures of the Washington DC Veterans Affairs Medical Center (DCVAMC), and respect the confidentiality of information pertaining to Veterans and their subsequent treatment. DCVAMC is a Federal Government building, and as such is open to the general public. Veterans, visitors, staff, and Volunteers are from diverse backgrounds, and are to be respected as such. Eligible Veterans are entitled to services administered by DCVAMC, notwithstanding record of problematic incidents from their past, unless specifically disqualified by law. DCVAMC is responsible for providing Veterans care, and to safeguard said Veterans, staff, and Volunteers as care is provided. In the event of abuse, inappropriate gestures, advances, comments, or conversation, by Veterans, visitors, staff, and/or Volunteers, that which compromises my level of comfortability, I am responsible to immediately report said incidents to my Work Site Supervisor, and/or Voluntary Service Staff.

\_\_\_\_\_  
(SUMMER YOUTH VOLUNTEER SIGNATURE)

\_\_\_\_\_  
(DATE)

**PARENT/GUARDIAN:** The above named Summer Youth Volunteer has my consent, and support, to serve as a Summer Youth Volunteer within the Washington DC Veterans Affairs Medical Center (DCVAMC). I am responsible for providing, scheduling, or researching, daily transportation for the Summer Youth Volunteer to-and-from DCVAMC. I am confident the Summer Youth Volunteer is physically, mentally, and socially fit to fulfill his/her service responsibilities. I have read, and understand, the above agreement as signed by the Summer Youth Volunteer and his/her ultimate obligation if/when accepted into DCVAMC SYVP 2016.

I understand DCVAMC is a Federal Government building, and as such is open to the general public. Veterans, visitors, staff, and Volunteers are from diverse backgrounds, and are to be respected as such. Eligible Veterans are entitled to services administered by DCVAMC, notwithstanding record of problematic incidents from their past, unless specifically disqualified by law. DCVAMC is responsible for providing Veterans care, and to safeguard said Veterans, staff, and Volunteers as care is provided. Summer Youth Volunteers, in the event of abuse, inappropriate gestures, advances, comments, or conversation, by Veterans, visitors, staff, and/or Volunteers, that which compromises his/her level of comfortability, is responsible to immediately report said incidents to his/her Work Site Supervisor, and/or Voluntary Service Staff.

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(DATE)



Washington DC Veterans Affairs Medical Center  
Voluntary Service, Room GC-113  
50 Irving Street, NW  
Washington, DC 20422  
(202) 745-8320

## DCVAMC SYVP 2016 Contract of Commitment

I, \_\_\_\_\_ understand that I am a Summer Youth Volunteer,  
(PLEASE PRINT SUMMER YOUTH VOLUNTEER NAME)  
representing Voluntary Service at the Washington DC Veterans Affairs Medical Center.

I understand my Summer Youth Volunteer commitment is a minimum of (16) hours per week,  
June 20-July 29, 2016.

I understand there are opportunities to acquire extra credit volunteer hours, which may be added to my overall total to reach (100) service hours, and perhaps compensate for any volunteer hours missed.

I understand it is my responsibility to contact my Work Site Supervisor when I am unable to report to my scheduled Summer Youth Volunteer service.

I understand it is my responsibility to conduct myself in a professional manner, and will discuss with my Work Site Supervisor, or Voluntary Service Staff, any concerns I may have in reference to my Summer Youth Volunteer responsibilities.

I understand my voluntary service placement is based solely on the availability of my preferred placement during DCVAMC SYVP 2016, and will adhere to the guidance of Voluntary Service in acceptance of my placement.

I understand the DCVAMC SYVP 2016 Schedule is no more than (3) days per week, (8) hours per day, Monday-Friday, 7:30AM-4:00PM, or 8:00AM-4:30PM, including a daily (30)-minute lunch. It is my responsibility to follow the DCVAMC SYVP 2016 Schedule, unless otherwise stated, and agreed upon, by my Work Site Supervisor and Voluntary Service Staff.

I understand Voluntary Service Staff are not responsible to sign, nor send, school agreements on my behalf, unless (100) service hours have been completed throughout the duration of DCVAMC SYVP 2016, June 20-July 29, 2016.

\_\_\_\_\_  
(YOUTH VOLUNTEER SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(DATE)