

VOLUNTEER DRIVERS NEEDED

Serve those who Served

Many COUNTY area Veterans need a ride to their medical appointments at the Iowa City Veterans Affairs (VA) Medical Center. VA provides the vehicle, gas, and other related expenses but that is not enough.

Our Veterans need YOU!

Volunteer Drivers serving in Iowa City VA Health Care Systems, Volunteer Transportation Network (VTN) can be the difference in veterans receiving their needed medical care. Do you have one or more days a month that you could give as a VA volunteer driver?

To learn more about what's involved and how you can *serve those who served* through this important volunteer activity, please contact the Jackson County Veterans Affairs office; phone: 563-652-0070.



Note: The VTN was originally established by the Disabled American Veterans (DAV) and supported by the Department of Veterans Affairs (VA). DAV continues to lead the way, in partnership with local area organizations and individuals, in providing needed transportation for veterans seeking care at VA facilities.

VOLUNTEER DRIVER REQUIREMENTS

To become a Volunteer Driver you will have to:

- **Complete training with CDCE – Center for Development and Civic Engagement.**
- **Pass a background check** (done here with HR)
- **Pass Driving record check** (done here for IA drivers. IL drivers get driving record from DMV)
- **Complete a TB Test** (Blood draw done at the lab)
- **Complete a physical** (done here with our employee health doctor at no cost to driver.) Please see list below of automatic disqualifiers:
 - **Vertigo**
 - **Use of medical marijuana**
 - **Stroke**
 - **Insulin dependent**
 - **Use of artificial oxygen**
 - **Parkinson's**
 - **Heart issues (recent stent, defibrillator, or a recent bypass in last 4 months)**

We like to have new drivers complete all the tasks listed above in one morning. So, it is best if you could meet the volunteer van driver that morning to do a ride along and see how it all works. Then, when you get to the Iowa City VA you will complete the physical, do the training with CDCE, get fingerprinted for the background check, and then head back with the van once all veterans are done with their appointments.

Hope that wasn't too much information! Please let me know if you are still interested and we can set up a date for you to do a ride along and complete the checklist above.

Thank you for your interest in volunteering and helping our nation's veterans!

If you have any questions, please contact our office at:

319-338-0581 Ext. 636284



U.S. Department
of Veterans Affairs

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

TELEPHONE NUMBER

E-MAIL ADDRESS

DATE OF BIRTH

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

ASSIGNMENT PREFERENCES

SEX ☐ M ☐ F

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

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 care to Veterans 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.