

Dayton VA Radio Club Equipment Operators:

Need positive helpful individuals who have good interpersonal skills to access and operate the Amateur radio equipment at the Dayton VA Radio Club station, Bldg 305, Room 119. Volunteers will need to actively greet Veterans and others entering the club facility and able to answer questions giving clear and accurate information. In addition, volunteers can be called off hours to assist in Emergency communications operations if requested by the Dayton VA Emergency Management Coordinator. The following are required for this position: **** MUST POSSESS A CURRENT FCC ISSUED AMATEUR RADIO LICENSE OF GENERAL CLASS OR HIGHER ****. Times needed are Monday through Friday 8:00 AM to 12:00 PM and 12:00 PM to 4:00 PM. Other times outside of administrative hours as needed in the event of emergency call up.

Volunteer Summary Page

Volunteer Information:

PLEASE PRINT

Last Name, First Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Badge Expiration: _____

DOB: _____

Last PPD/Tuberculosis (TB) Screening: _____

Next of Kin: _____

Next of Kin home phone: _____

Next of Kin cell phone: _____

Voluntary Service Staff Section:

Assignment Information:

Schedule: _____

Assignment Location: _____

Assignment Description: _____

Assignment Supervisor: _____

Items in Volunteer Training packet:

Summary Page / Application / Privacy Training / Annual Volunteer Check List



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
<input type="text"/>		<input type="text"/>	<input type="text"/>
TELEPHONE NUMBER	E-MAIL ADDRESS	DATE OF BIRTH	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
ORGANIZATION MEMBERSHIP(S) (Unit, Post, Chapter, if Affiliated)	ASSIGNMENT PREFERENCES		SEX <input type="checkbox"/> M <input type="checkbox"/> F
<input type="text"/>	1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>

EXPERIENCE AND TRAINING (Special Skills/Abilities)

RESTRICTIONS, LIMITATIONS OF SERVICE (Health Concerns, Medications, Allergies, etc.)	AVAILABILITY (Days and Times)
<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. 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.

<input type="text"/>	<input type="text"/>
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.

<input type="text"/>	<input type="text"/>
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"/>

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

VA Privacy Training for Personnel without Access to VA Computer Systems or Direct Access or Use to VA Sensitive Information

The Department of Veterans Affairs, VA must comply with all applicable privacy and confidentiality statutes and regulations. One of the requirements in VA is to have all personnel trained annually on privacy requirements. “Privacy” represents what must be protected by VA in the collection, use, and disclosure of personal information whether the medium is electronic, paper or verbal.

This document satisfies the “basic” privacy training requirement for a contractor, volunteer, or other personnel **only if** the individual does not use or have access to any VA computer system such as Time and Attendance, PAID, CPRS, VistA Web, VA sensitive information or protected health information (PHI), whether paper or electronic. You will find this training outlines your roles and responsibility for protecting VA sensitive information (medical, financial, or educational) that you may incidentally or accidentally see or overhear.

If you have direct access to protected health information or access to a VA computer system where there is protected health information such as CPRS, VistA Web, you must take “Privacy and HIPAA Focused Training” (TMS 10203). “VA Privacy and Information Security Awareness and Rules of Behavior” (TMS 10176) is always required in order to use or gain access to a VA computer systems or VA sensitive information, whether or not protected health information is included. Both trainings are located within the VA Talent Management System (TMS):

<https://www.tms.va.gov>

What is VA Sensitive Information/Data?

All Department information and/or data on any storage media or in any form or format, which requires protection due to the risk of harm that could result from inadvertent or deliberate disclosure, alteration, or destruction of the information. The term includes not only information that identifies an individual but also other information whose improper use or disclosure could adversely affect the ability of an agency to accomplish its mission, proprietary information, and records about individuals requiring protection under applicable confidentiality provisions.

What is Protected Health Information?

The HIPAA Privacy Rule defines protected health information as Individually Identifiable Health Information transmitted or maintained in any form or medium by a covered entity, such as VHA.

What is an “Incidental” Disclosure?

An incidental disclosure is one where an individual’s information may be disclosed incidentally even though appropriate safeguards are in place. Due to the nature of VA communications and practices, as well as the various environments in which Veterans receive healthcare or other services from VA, the potential exists for a Veteran’s protected health information or VA sensitive information to be disclosed incidentally.

For example:

- You overhear a healthcare provider’s conversation with another provider or patient even when the conversation is taken place appropriately.
- You may see limited Veteran information on sign-in sheets or white boards within a treating area of the facility.

- Hearing a Veteran's name being called out for an appointment or when the Veteran is being transported/escorted to and from an appointment.

Safeguards You Must Follow To Secure VA Sensitive Information:

- Secure any VA sensitive information found in unsecured public areas (parking lot, trash can, or vacated area) until information can be given to your supervisor or Privacy Officer. You must report such incidents to your Privacy Officer timely.
- Don't take VA sensitive information off facilities grounds without VA permission unless the VA information is general public information, i.e., brochures/pamphlets.
- Don't take pictures using a personal camera without the permission from the Medical Center Director.
- Any protected health information overheard or seen in VA should not be discussed or shared with anyone who does not have a need to know the information in the performance of their official job duties, this includes spouses, employers or colleagues.
- Do not share VA access cards, keys, or codes to enter the facility.
- Immediately report lost or stolen Personal Identity Verification (PIV) or Veteran Health Identification Cards (VHIC), any VA keys or keypad lock codes to your supervisor or VA police.
- Do not use a VA computer using another VA employee's access and password.
- Do not ask another VA employee to access your own protected health information. You must request this information in writing from the Release of Information section at your facility.

What are the Six Privacy Laws and Statutes Governing VA?

1. Freedom of Information Act (FOIA) compels disclosure of reasonably described VA records or a reasonably segregated portion of the records to any person upon written request unless one or more of the nine exemptions apply.
2. Privacy Act of 1974 provides for the confidentiality of personal information about a living individual who is a United States citizen or an alien lawfully admitted to U.S. and whose information is retrieved by the individual's name or other unique identifier, e.g. Social Security Number.
3. Health Insurance Portability and Accountability Act (HIPAA) provides for the improvement of the efficiency and effectiveness of health care systems by encouraging the development of health information systems through the establishment of standards and requirements for the electronic transmission, privacy, and security of certain health information.
4. 38 U.S.C. 5701 provides for the confidentiality of all VA patient and claimant information, with special protection for their names and home addresses.
5. 38 U.S.C. 7332 provides for the confidentiality of drug abuse, alcoholism and alcohol abuse, infection with the human immunodeficiency virus (HIV) and sickle cell anemia medical records and health information.
6. 38 U.S.C. 5705 provides for the confidentiality of designated medical-quality assurance documents.

What are the Privacy Rules Concerning Use and Disclosure?

You are not authorized to use or disclose protected health information. In general, VHA personnel may only use information for purposes of treatment, payment or healthcare operations when they have a need-to-know in the course of their official job duties. VHA may only disclose protected health information upon written request by the individual who is the subject of the information or as authorized by law.

How is Privacy Enforced?

There are both civil and criminal penalties, including monetary penalties that may be imposed if a privacy violation has taken place. Any willful negligent or intentional violation of an individual's privacy by VA personnel, contract staff, volunteers, or others may result in such corrective action as deemed appropriate by VA including the potential loss of employment, contract, or volunteer status.

Know your VA/VHA Privacy Officer and Information Security Officer. These are the individuals to whom you can report any potential violation of protected health information or VA sensitive information, or any other concerns regarding privacy of VA sensitive information.

YOU ARE RESPONSIBLE FOR PROTECTING THE CONFIDENTIAL INFORMATION OF OUR VETERANS

Date

Employee (Print Name)

Employee Signature

Print Name of Contract Agency, if contractor

Print Name of VHA Department/Supervisor/Contracting Officer

PROVIDE A COPY OF THIS FORM TO YOUR SUPERVISOR/CONTRACTING OFFICER FOR DATA ENTRY INTO TALENT MANAGEMENT SYSTEM

Volunteer Orientation Checklist

PLEASE PRINT NAME: _____

Please initial by each topic that you understood and/ or discussed it.

1. _____ **Open Discussion:** Mission, Vision, Volunteer Goals
2. _____ **Supervision:** Direct supervision provided by on-site supervisor or designee
3. _____ **Dress:** ID Badges, appropriate attire for service/section assigned
4. _____ **Conduct:** Be professional
5. _____ **Telephones:** Not for personal business
6. _____ **Computer Use:** How to sign-in, codes, USB ports
7. _____ **Benefits:** Meal, TB Test (RS vol. only), emergency med treatment while on assignment
8. _____ **Parking:** Volunteer designated parking; parking permits
9. _____ **Training:** New volunteer orientation, videos, formal training requirements
10. _____ **Volunteer Handbook:** Review topics
11. _____ **Wheelchair Safety Tips:** Proper usage for wheelchair escort only
12. _____ **Rules & Ethics:** No gifts from patients; no loaning of money; do not give food/drink
13. _____ **Security Awareness:** Reportable incidents involving patients; workplace violence
14. _____ **Sexual Harassment:** Zero Tolerance
15. _____ **HIPPA:** Patient privacy/confidentiality; taking photos
16. _____ **Infection Control/Cleanliness:** Hand washing, hand sanitizers
17. _____ **Hazardous Spills/Blood borne Pathogens/TB skin testing**
18. _____ **Fire/Life Safety:** RACE & PASS
19. _____ **Equipment Safety:** Awareness of frayed electrical cords
20. _____ **Emergency Preparedness:** Overhead alarms & code meanings
21. _____ **Smoking Policy:** Strictly prohibited except for designated areas
22. _____ **Volunteer Recognition:** Annual Award Banquet

"I have received my copy of the Volunteer Handbook and have read, understood and/or discussed the above topics with the Chief, Voluntary Services and/or designee."

Volunteer Signature (Date)

VAVS Staff Signature (Date)

Dayton Veterans Administration Radio Club Application for Membership

Please print legibly

LAST NAME	FIRST NAME	MI	
ADDRESS	CITY	ST	ZIP
HOME PHONE	WORK PHONE	CELL PHONE	M/F

Amateur Radio History

CALL	LICENSE CLASS	FORMER CALLS (IF ANY)
------	---------------	-----------------------

Date of first license

Are you affiliated with ARRL YES / NO

E-Mail

TYPES OF RADIOS YOU USE (MOBILE, BASE, PORTABLE)

Emergency Power?
Yes / No

HAM INTERESTS

Have you ever been convicted of a felony?

YES / NO

If YES, please explain on back.

Have you ever had a violation against your Ham License?

YES / NO

If YES, please explain on back.

If your license is General Class or higher, are you interested in becoming a Dayton VA volunteer?
(Requires a commitment of 100 hours over 6 months)

YES / NO

If YES, and you become a DVARC volunteer, are you available to be called out in the event of an actual emergency?

YES / NO

FALSIFICATION OF THIS APPLICATION WILL RESULT IN IMMEDIATE DISMISSAL!

SIGNATURE

DATE