

PENNSLYVANIA VETERANS HOMES VOLUNTEER APPLICATION

DELAWARE VALLEY VETERANS' HOME

The Department of Military and Veterans Affairs-Bureau of Veterans Homes extends a thank you for your interest in applying as a Volunteer at our Veterans Homes/Centers.

Volunteers are subject to proper personal-protective-equipment (PPE) as needed, such as a mask or respirator. In addition, you will be subject to COVID-19 testing when needed. Below is the general process when submitting your application.

After you have applied and a position is available, you will be notified for an opportunity to interview.

The Process:

- 1. If there is an open volunteer position, the applicant will be notified.
- 2. An appointment for an interview will be scheduled.
- 3. During the interview, expectations and opportunities will be discussed.
- 4. The applicant's signature will be required for a background-check release form. The results will be shared with the applicant. The background-check must be accepted by the facility prior to start.
- 5. Reference letter forms may be provided to the applicant for completion by the references listed in the application.
- 6. The applicant will receive an ID badge and meet other volunteer and/or activities staff who may assist in training.
- 7. Training classes will be scheduled.

Depending on the training needed, since there are several different volunteer opportunities, a group may train together.

Copies of the background-check and other applicant documents may be returned to the applicant as applicable.



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Name:		e.			
Address:	·				
Phone Numbers:	Home		Work	Ce	ell Phone
E-mail Address:			· · ·		
Preferred Method	of Contact (Please	check method bel	ow)		
Pho	one Home	Work	Cell		
		i i			
	Mail	E-mai	1		
Emergency Contact:	First and Last Na	me	Relation	onship	Phone Number
Organization affiliany:	iations(s), if				
Special experience skills, if any:	e, training, or				
Do you have any o	criminal convictions	s (other than park	ing violations)?	Yes	No
If yes, please explain:					



Monday

Days: (check ($\sqrt{}$)

or select all that

apply)

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Thursday

Friday

Sunday

Saturday

Do you require any special accommodation to perform the duties as a Volunteer? If yes, please explain special or physical limitations and accommodations needed.

Tuesday Wednesday

Volunteer Availability

Please check the days you are available and time range in the tables below.

List Character	r References (other than i	relatives)
First and Last Name	Reference-Type (i.e., co-worker, pastor, friend, etc.)	Phone Number
1.		
2.		
3.		
To the best of my knowledge, the infor		



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If the volunteer is a youth (age 18 or under) parental approval is required. Please enter youth's name below.

Youth's First and Last Name			Date			
Parent/Guardian Signatur	re		Date			
PLEASE RETURN TO	:					
PA Soldiers' And Sailors	' Home					
560 East Third Street						
ATTN: Volunteer Coordinator						
Erie, PA 16507-6239						
Main Number: (814) 871-4531~Fax: (814) 871-4617						
Email: MV, PSSHVolun	teerApp					
BELOW - OFFICE U	JSE ONLY					
Data Daniyada						
Date Received:						
References	Medical	Interview	Orientation			