

## **PENNSLYVANIA VETERANS HOMES VOLUNTEER APPLICATION** GINO J. MERLI VETERANS' CENTER

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:						
Address:						
Phone Numbers:		Home		Work	(	Cell Phone
E-mail Address:		· ·				
Preferred Method	of Contac	ct (Please che	eck method b	elow)		
Ph	one	Home	Work	Cell		
	Mai	il	E-m	ail		
Emergency Contact:	First a	nd Last Name	2	Rel	ationship	Phone Number
Organization affil any:	liations(s)	, if				
Special experienc skills, if any:	e, training	g, or				
Do you have any	criminal c	convictions (o	other than pa	rking violations)?	Yes	No
If yes, please explain:						



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

### **Volunteer Availability**

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

Days: (check ( $\sqrt{}$ ) Monday Tuesday Wednesday Thursday Friday Saturday Sunday or select all that apply)

(For Hours Available - Below list start-time & end time under each day of availability i.e, 8AM-2PM or 3PM to 7PM, etc.) **Remember to indicate AM and or PM**)

Hours Available:

First and Last Name	Reference-Type (i.e., co-worker, pastor, friend, etc.)	Phone Number
1.		
2.		
3.		

### List Character References (other than relatives)

To the best of my knowledge, the information provided is true and complete. Furthermore, I hereby waive all claims to monetary gratuities or gifts for services rendered as a volunteer.

Volunteer Signature

Date



### PENNSLYVANIA VETERANS HOMES **VOLUNTEER APPLICATION**

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

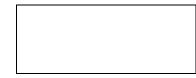
#### Youth's First and Last Name

Date

**Parent/Guardian Signature** 

Date		

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, PSSHVolunteerApp

#### **BELOW - OFFICE USE ONLY**

**Date Received:** 

References

Medical

Interview

Orientation