

PENNSLYVANIA VETERANS HOMES VOLUNTEER APPLICATION

PENNSYLVANIA SOLDIERS' AND SAILORS' 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:						
Address:		·				
Phone Numbe	ers:	Home		Work	Ce	ell Phone
E-mail Addres	ss:					
Preferred Met	hod of Con	tact (Please che	eck method be	elow)		
	Phone	Home	Work	Cell		
	N	I ail	E-ma	il		
Emergency Contact:	First	and Last Name	e	Rela	itionship	Phone Number
Organization a	affiliations((s), if				
Special experiskills, if any:	ience, traini	ng, or				
Do you have a	any crimina	l convictions (c	other than parl	king violations)?	Yes	No
If yes, please explain:						



Monday

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

or select all that

annly)

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



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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 Na	me		Date				
Parent/Guardian Signature	e		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							
,	11						
BELOW - OFFICE USE ONLY							
Date Received:							
References	Medical	Interview	Orientation				