



PENNSYLVANIA VETERANS HOMES VOLUNTEER APPLICATION SOUTHEASTERN 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.



**PENNSYLVANIA VETERANS HOMES
VOLUNTEER APPLICATION
SOUTHEASTERN VETERANS' CENTER**

Name:

Address:

Phone Numbers: Home Work Cell Phone

E-mail Address:

Preferred Method of Contact (Please check method below)

Phone Home Work Cell

Mail E-mail

Emergency First and Last Name Relationship Phone Number
Contact:

Organization affiliations(s), if any:

Special experience, training, or skills, if any:

Do you have any criminal convictions (other than parking 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 (√) 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:

List Character References (other than 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 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



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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

PLEASE RETURN TO:

Southeastern Veterans' Center
One Veterans Drive
ATTN: Volunteer Coordinator
Spring City, PA 19475
Main Number: (610)-948-2400~Fax: 610-948-2625

Email: MV, SEVCVolunteerApp

BELOW - OFFICE USE ONLY

Date Received:

References

Medical

Interview

Orientation