

PENNSLYVANIA VETERANS HOMES VOLUNTEER APPLICATION

SOUTHWESTERN 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:	٠					
Address:						
Phone Number	rs:	Home		Worl	ζ.	Cell Phone
E-mail Address	s:	, , ,				·
Preferred Meth	od of Con	tact (Please che	ck method be	elow)		
	Phone	Home	Work		Cell	
	M	ail	E-ma	iil		
Emergency Contact:	First	and Last Name	;		Relationship	Phone Number
Organization a any:	ffiliations(s), if				
Special experie skills, if any:	ence, traini	ng, or				
Do you have an	ny crimina	l convictions (c	other than park	king viola	ations)?	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 Na		Date					
Parent/Guardian Signatur		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 U	SE ONLY						
Date Received:							
References	Medical	Interview	Orientation				