

### 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:	٠		·			
Address:		·				
Phone Numbers	s:	Home		Work	C	ell Phone
E-mail Address	:					•
Preferred Metho	od of Cont	act (Please che	ck method be	low)		
1	Phone	Home	Work	Cell		
	M	ail	E-ma	il		
Emergency Contact:	First	and Last Name	•	Rel	ationship	Phone Number
Organization af any:	filiations(s	s), if				
Special experies skills, if any:	nce, trainii	ng, or				
Do you have an	y criminal	convictions (c	other than park	king 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	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 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	me	Dat	e				
Parent/Guardian Signatur	e	Dat	e				
PLEASE RETURN TO:							
Gino J. Merli Veterans' Center							
401 Penn Avenue ATTN: Volunteer Coordin	nator						
Scranton, PA 18503							
Main Number: (570)-961-4300~Fax: (570) 961-4405							
Email: MV, GMVCVolur	nteerApp						
BELOW - OFFICE U	SE ONLY						
Date Received:							
References	Medical	Interview	Orientation				