



Hello Volunteer Applicant,

Thank you for your interest in volunteering at the VA Center for Development & Civic Engagement (CDCE). CDCE has many volunteer opportunities within the Long Beach Medical Center and Occupation Clinics, we will do our best to find something that suits your goals and meets the needs of our patients.

Please fill out the Volunteer Application Form, once completed please contact.

CDCE at 562-826-5715 and schedule an in-person meeting.

Vhalonvoluntaryservice@va.gov

Please bring 2 forms of ID w/you on the day of Fingerprinting.

I.E Social Security Card, Government ID, Driver License, Passport.

In addition, please bring your COVID CARD.

Steps within your process:

- ☐ 1. Complete the Volunteer Application
- ☐ 2. Conduct Face-to-Face Interview with Supervisor of Volunteering location (if applicable)
- ☐ 3. Create TMS (Talent Management System) account and complete mandatory training
If computer access is needed. Paper TMS for non-computer access.
- ☐ 4. Complete Medical Screening (Bring Immunization Records) and QFT TB Test
☐ Location: Occupational Health Clinic (OHC) Bldg. 8 Room 119. Tel: 562-826-5450
- ☐ 6. Complete Fingerprinting PIV Office (18+ years Old, bring ID/DL and Social Security Card)
☐ Location: Bldg. 165 Room C214 on the Second floor above Patriot Store
- ☐ 7. Complete in person Orientation Wednesday 9:00 am (1.5 hours)
- ☐ 8. Obtain Volunteer ID


VA
HEALTH
CARE

 Defining
EXCELLENCE
 in the 21st Century

VETERANS AFFAIRS VOLUNTARY SERVICES

Liliana Flores 562-721-8511 ♦ Main Line: 562-826-5715

VOLUNTEER CHECKLIST
NAME: (LAST NAME)
(FIRST NAME)
(MIDDLE NAME)
(D.O.B.)
(SSN:)
(CONTACT #)
(EMAIL)
1. VOLUNTARY SERVICE VOLUNTEER ADDRESS:
☐ Volunteer Application Completed

Voluntary Staff Assigned:
Interview Date:
2. USING SERVICE FACE TO FACE DATE:

Department/Service/Assignment

 Computer Access (Circle): **NETWORK** | **OUTLOOK** | **VISTA**

 If **VISTA** access, please list menus needed:

Supervisor Name (Printed)

VS Staff Signature

Ext.

CONTACT YOUR VOLUNTARY SERVICE DEPARTMENT BEFORE PROCEEDING TO NEXT STEPS BELOW
3. VISTA Loading
Location: Voluntary Service Office

Voluntary Staff Assigned:
4. FINGERPRINTING *MUST BRING GOVERNMENT ISSUED PHOTO ID (PASSPORT, DRIVER'S LICENSE, SCHOOL ID, ETC.)**
Location: Bldg. 165 Room C214

Fingerprint Appt Date:
Days/Times: Walk in Wednesday

Sent to Adjudicator:
Pick up date:
Date Cleared:
5. TB Blood Scheduling
*****MUST BRING GOVT. ISSUED PHOTO ID & KNOW YOUR SOCIAL SECURITY NUMBER**
Location: Bldg. 8 Room 119

Date Test Ordered:
Days: Mondays – Fridays
 10:15, 10:30, 10:45, 1:30, 1:45

Date Cleared:
6. TMS ONLINE CLASS

 Please send an email copy of both certificates or
 print out and bring into the office.

Date Completed:
Voluntary Specialist Assigned:
Date Entered Into VSS: ☐ **Reactivation:** **Circle One: FLASH or NON-PIV**
Volunteer Code: ☐ **3 Hours for Training** **Voluntary Sponsor Signature:**
Date of Contact to Pick Up Badge: **Date Sponsored:**



U.S. Department
of Veterans Affairs

OMB Number 2900-0090
Estimated Average: 15 min.

APPLICATION FOR VOLUNTARY SERVICE

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 15 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. The form is used to assist personnel of both voluntary organizations, which recruit volunteers from their membership, and the VA in the selection, screening and placement of volunteers in the nationwide VA Voluntary Service program. The volunteer program supplements the medical care and treatment of Veteran patients in all VA facilities.

PRIVACY ACT INFORMATION: The information requested on this form is solicited under the authority of 38 U.S.C. 7405(a)(1)(D) and will be used in the selection and placement of potential volunteers in the VA Voluntary Service Program. The information you supply may be disclosed outside VA as permitted by law; possible disclosures include those described in the 'routine uses' identified in the VA system of records 57VA135 Voluntary Service Records-VA, published in the Federal Register in accordance with the Privacy Act of 1974. The routine uses include disclosures: in response to court subpoenas, to report apparent law violations to other Federal, State or local agencies charged with law enforcement responsibilities, to service organizations, employers and Unemployment Compensation Offices to confirm volunteer service, and to congressional offices at the request of the volunteer. Disclosure of the information is voluntary, however, failure to furnish the information will hamper our ability to arrange the most satisfactory assignment for you and the Department of Veterans Affairs.

NAME (Last, First, Middle Initial)

ADDRESS (Street, City, State and Zip Code)

DATE

TELEPHONE NUMBER

E-MAIL ADDRESS

DATE OF BIRTH

ORGANIZATION MEMBERSHIP(S) (Unit, Post, Chapter, if Affiliated)

ASSIGNMENT PREFERENCES

1. 2. 3.

SEX ☐ M ☐ F

EXPERIENCE AND TRAINING (Special Skills/Abilities)

RESTRICTIONS, LIMITATIONS OF SERVICE (Health Concerns, Medications, Allergies, etc.)

AVAILABILITY (Days and Times)

IN CASE OF EMERGENCY, PLEASE CONTACT (Name, Relationship, Phone Number)

Monetary Waiver: I hereby waive all claims to monetary benefits for services rendered as a volunteer worker on a "without compensation basis" for an indefinite period. I understand that this waiver applies only to remuneration (compensation) for specific services rendered in the VA Voluntary Service (VAVS) Program and is not related to any other VA services or benefits to which I may be entitled. (**NOTE:** VA has entered into this agreement by the authority of 38 U.S.C. 7405(a)(1)(D). This agreement may be canceled by either party upon written notice.) I hereby accept the volunteer appointment(s) as outlined above.

Volunteer Signature

Date

I hereby appoint this applicant as a VA without-compensation employee subject to the provisions on this application. The above individual has been provided basic and assignment specific orientations which have been documented in the official volunteer folder located in the VA Voluntary Service Office.

VAVS Program Manager - Appointing Official Signature

Date

OFFICE USE ONLY

1. SUPERVISOR

2. SUPERVISOR PHONE NUMBER

3. ORIENTATIONS

4. UNIFORM

COMMENTS

NAME AND TITLE OF REVIEWER

DATE

NOTE TO STUDENTS AND PARENTS: The VA medical center is a federal building, and, as such, must be open to the public. Our employees, patients, and volunteers come from diverse backgrounds. Eligible Veterans are entitled to services offered by VA, even if they have had problematic incidents in their past - unless the law specifically disqualifies them. Our job is to provide care to Veterans and to protect our employees, patients, and volunteers as that care is provided.

STUDENT VOLUNTEER: If accepted, I agree to adhere to the policies and procedures of this VA healthcare facility and to respect the confidentiality of information pertaining to the patients and their treatment. If a patient, staff member, volunteer, and/or visitor is abusive, makes inappropriate gestures, advances, or conversation, that is in a manner which makes me feel uncomfortable, I will immediately inform my supervisor or a VAVS staff member.

Signature_____

Date _____

PARENT/GUARDIAN: The above named student has my consent as parent/guardian to serve as a Student Volunteer in this VA healthcare system. I have read the above agreement as signed by my student and understand their obligation to the program if they are accepted into the VAVS Student Volunteer Program. I also grant permission for my child to receive emergency medical treatment if injured while volunteering.

Signature_____

Date _____

NOTE: Completion of this application does not guarantee acceptance into this program.

TUBERCULIN TEST	CHEST X-RAY	ANTISMALLPOX	BLOOD TEST OR COUNT	LABORATORY TESTS	GENERAL PHYSICAL	OTHER
EMPLOYEE'S NAME <i>(Last, first, middle initial)</i>			ADDRESS <i>(Number, Street, City, State, and ZIP code)</i>			HOME PHONE
SOCIAL SECURITY NO.		DATE OF BIRTH	SEX	MARITAL STATUS	POSITION TITLE	
DEPARTMENT, SERVICE AND/OR DIVISION		ROOM NO.	EXTENSION	SUPERVISOR'S NAME		SUPERVISOR'S EXTENSION
PHYSICIAN'S NAME <i>(Last, first, middle initial)</i>			PHYSICIAN'S ADDRESS <i>(Number, Street, City, State and ZIP code)</i>			OFFICE PHONE
DRUG SENSITIVITIES						

PRIVACY ACT NOTICE: Section 7901 of Title 5, United States Code, is the basic legal authority for providing occupation health services to Federal employees. Office of Management and Budget Circular A-72 provides for the maintenance and control of employee health records. Provision of this information is voluntary.



Acknowledgement of the Notice of Privacy Practices

Acknowledgement of Department of Veterans Affairs, Veterans Health Administration (VHA)
Notice of Privacy Practices

The signature below acknowledges receipt of the VHA Notice of Privacy Practices only.

Signature of Patient/Patient Representative

Date

Name of Patient/Representative

Relationship to patient (if applicable)

Last four SSN



Parental Consent for QFT Testing and Medical Clearance

All volunteers and employees are required to undergo tuberculosis (TB) screening prior to beginning work at our facility. Quantiferon is a blood test used to screen for tuberculosis.

Individuals who have a positive QFT test are required to provide proof of a negative chest x-ray within the last 6 months as well as complete a tuberculosis questionnaire.

Name of minor:

Birth date:

Social security #:

Has your child:

- | | | |
|---|-----|----|
| ▪ Had a TB skin test in the last 12 months? | Yes | No |
| ▪ Ever had a positive TB skin test? | Yes | No |

Please list any allergies that your child has:

Please list any medical conditions that your child has that may affect his/her ability to perform tasks at this facility:

I give my permission for my son/daughter to have the Quantiferon-TB Gold blood test done at the VA Long Beach Medical Center. I also give permission for my child to be treated for minor injuries that may occur during his/her volunteer service.

Signature of Parent or Guardian:

Date:

Printed Name of Parent or Guardian:

Phone number where parent can be reached:

If you have any questions or concerns, please feel free to accompany your child to his/her Occupational Health Clinic appointment.

FINGERPRINT REQUEST FORM

Bring with you two (2) original IDs (Identity Source Documents) from the list below

<https://www.oit.va.gov/programs/piv/media/docs/IDMatrix.pdf>

Complete all fields on this form to the best of your ability

Applicant Category: Check One

☐	EMPLOYEE	☐	CONTRACTOR	☐	HEALTH PROFESSIONS TRAINEE (VHA intern, resident, fellow, student)
☐	AFFILIATE	☐	VOLUNTEER	☐	OTHER:

ENTER YOUR NAME EXACTLY AS IT APPEARS ON IDs

<u>Name: (Last, First, Middle)</u>		<u>Other Last Names Used</u>	
<u>SSN</u> (use of pseudo number is not permitted)	<u>Position Title</u>	<u>Telephone #</u>	
<u>Date of Birth: (mm/dd/yyyy)</u>	<u>City/State and Country of Birth</u>		
<u>E-Mail Address</u>	<u>Country of Citizenship</u>	<u>Dual Citizen?</u>	
<u>VA Work Location</u>	<u>Organization (VHA, VBA, NCA, VACO, etc.</u>	<u>Start Date</u>	
<u>Contractors Only: Company Name</u>		<u>Company Address/Work Email</u>	
<u>Health Professions Trainees Only: School Name</u> <u>Training Program</u>			

<u>FINGERPRINT LOCATION</u> VA Long Beach		<u>FINGERPRINT DATE (mm/dd/yyyy)</u>		<u>PREVIOUS VA PIV CARD HOLDER (Yes/No)</u>	
<u>GENDER (M/F)</u>	<u>HEIGHT (inches)</u>	<u>WEIGHT (US pounds)</u>	<u>HAIR COLOR</u>	<u>EYE COLOR</u>	<u>RACE/ETHNICITY</u>

Courtesy Prints for another Facility: ☐

Facility: Long Beach

SOI# VA66

SON# 1513

Fingerprint Results Cleared: YES NO (Circle One)

Date/Initials of Clearance: _____



Long Beach VA Center for Development & Civic Engagement (CDCE)

FIRST IMPRESSIONS VOLUNTEER CODE OF CONDUCT

I, _____ will

- Follow direction provided by my supervisor.
- Remain flexible with my daily assignment location based on the need of the day. Remain mindful that emergencies, tension, urgency, and changes are always present in a hospital setting.
- Always treat others with a **courteous, friendly, and positive attitude at ALL TIMES**
- Create & maintain **a peaceful and quiet environment** in my assigned area while avoiding eating or drinking at the front desk.
- **Greet every person** upon their arrival to my area.
- **Listen** to the individual entering my area and use appropriate and welcoming body language.
- Politely repeat the concern or request of each individual to make sure I fully understand them.
- **Apologize and empathize with the individuals** when a concern is raised.
- **Assist them with their concern/issue by identifying the appropriate area or staff and offering to escort them.**
- **Go the extra mile** to assist everyone entering the medical center.
- Act in a **professional, positive manner** with all staff members and volunteers. **Avoid fights** with or **arguing** with patients, visitors, staff, or other volunteers consistent with my First Impressions volunteer assignment.
- **Thank each Veteran** at the end of my communication with them.
- **Report to duty neatly groomed and always appropriately dressed.** Keeping in mind I am representing the entire Medical Center and CDCE program.
- Volunteers must park in the **back** designated employee **parking lot**.

I understand any deviation from the above first impression Code of Conduct could result in a reassignment of my volunteer position.

Signature

Date

Staff Witness Signature

Date



VOLUNTEER AGREEMENT with
Long Beach VA Center for Development & Civic Engagement

I understand that I may be dismissed as a volunteer at any time for the following major reasons:

1. Failure to wear identification badge appropriately.
2. Failure to comply with confidentiality statement as signed on application form.
3. Engaging in borrowing or lending money.
4. Accepting gifts (this includes tips) from a patient.
5. Failure to comply with dress code.
6. Smoking indoors or supplying patients with any type of smoking materials
7. Engaging in any type of sexual harassment.
8. Engaging in or failing to report patient abuse or neglect.

Print Name

Signature

Date

Points to Consider

PUBLICITY: You may not take pictures of patients or record their images or voices without specific written permission from the patient. Forms for the patient to sign must be obtained from VA Center for Development & Civic Engagement (CDCE) or Public Affairs.

MONEY: Do not lend or borrow money. If you engage in this activity, especially with patients, you will be discharged as a volunteer.

GIFTS: Do not accept gifts. If a patient gives you a gift card and forgets that they gave it to you, they might accuse you of stealing. This would require an investigation and could result in your dismissal as a volunteer.

PATIENT MONEY: Please do not handle patient money. This can become a problem. We have trained volunteer shoppers that can meet these needs. They can be contacted through Escort Service, Extension 18677.

PATIENT ABUSE: If you observe a patient being abused or neglected, report it immediately to a nurse or doctor. If you do not feel comfortable doing that, report it to the CDCE Office, Extension 15715.

RELIGIOUS MATERIAL: Do not distribute any religious material. Use caution if you engage patients in a discussion of religious matters. We have a full complement of Chaplains that can meet the needs of the patients.

RETAIL STORE & CAFETERIA: You may shop in the retail store (Patriot Store) and eat in the cafeteria (Patriot Café) anytime at your own expense. The retail shop does not charge any taxes and has competitive prices.

SMOKING POLICY: Long Beach VA Health Care System is a non-smoking facility. Smoking must be done off campus. As a Volunteer, you may not give, sell or purchase smoking material to patients. You can be discharged as a volunteer if you engage in this practice.

WEAPONS: Do not bring contraband items or weapons of any type with you to this facility. Police officers will confiscate weapons and contraband. Volunteers violating this regulation will be terminated.

General Information

ABSENTEEISM: Once you have established the days and times you will be volunteering, notify your supervisor if you plan to be absent. The supervisor's name and phone number are on the Assignment Guide you receive when you are entered into the Center for Development & Civic Engagement (CDCE) computer system.

CHANGE OF ADDRESS: It is important that you inform CDCE of any changes in your address, phone numbers or emergency contact information. We send regular mailings to you, including the volunteer newsletter, and announcements of special events. If your mail is returned to us, you will be inactivated in the computer until updated information is provided to us.

CHANGE OF ORGANIZATION: If you desire to change or add on organizations to your codes, you must notify CDCE in writing. Contact CDCE staff for more information.

WORK ASSIGNMENTS: The Chief, CDCE or designee is responsible for making all volunteer assignment commensurate with the current Medical Center needs and the qualifications of the individual volunteer. Volunteer abilities, skill, interest, and career goals are taken into consideration when volunteer assignments are made. If, after a fair trial period (usually 10 hours) and adequate on-the-job training, you find you are unhappy with the assignment, please discuss the matter with the Chief, CDCE or designee. If possible, as appropriate, an assignment will be found for you in another area.

OFFICE HOURS FOR CDCE ARE:

Monday through Friday 0630am to 4:30pm



VA Long Beach Health Care System Volunteer Training

The following training meets the education requirements for Long Beach VA Health Care System (VALBHHCS) Volunteers. Please read the entire training packet and sign and date the last page. Hand deliver (or) mail to our office at:

VA Long Beach Healthcare System
Center for Development & Civic Engagement (CDCE)
5901 E7th Street
Long Beach, Ca, 90822

This packet needs to be completed and returned to our office prior to volunteer start date.

The purpose of annual volunteer training is to meet organizational requirements, help familiarized you with policies and procedures and update you on and changes and/or volunteer specific information. If you have any questions regarding the information addressed in this training, please contact the CDCE Office at 565-826-5715.

VALB Mission Statements:

VA Long Beach Healthcare System's missions is to offer options to timely, quality services for Veterans through care and respect for one's physical, psychological, and sustain spiritual health.

VA ICARE CORE VALUES

Our core values focus our minds on our mission of caring and thereby guide our actions toward service to others. These values – Integrity, Commitment, Advocacy, Respect, and Excellence define our culture and strengthen our dedication to those we serve. They provide a baseline for the standards of behavior expected of all VA employees and volunteers.

Integrity: Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all whom I engage.

Commitment: Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA's mission. Fulfill my individual responsibilities and organizational responsibilities.

Advocacy: Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.

Respect: Treat all those who I serve and with whom I work with dignity and respect. Show respect to earn it.

Excellence: Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.

VA Voluntary Service (VAVS) – CDCE

Founded in 1946 to provide for our nation's Veterans while they are cared for by VA health care facilities. One of the largest centralized volunteer programs in the Federal Government. The program is supported by a VAVS National Advisory Committee, comprising 51 major Veteran, civic, and service organizations, which reports to the secretary through the Under Secretary for Health Volunteers have provided over 1 billion hours of service since 1946.

If you decide you are no longer able to serve as a member of our program, please notify that CDCE Office and your supervisor so that your name can be removed from your assignment. You must also return your photo ID badge and any VA properly obtained while in service.

Each regularly scheduled (RS) volunteer will be issued an official VA identification badge.

GIFTS AND DONATIONS TO THE VA

VA staff and Volunteers are not authorized to accept any of kind. The Director, the Chief of the CDCE, and the Chaplain are the only individuals with the authority to accept donations as per VHA Directive 1620.01. This authority may not be delegated at any time. All prospective donors should be asked to contact the CDCE Office or ask the Chief of CDCE to contact the donor.

Fire Safety

Immediately upon discovery of a fire take the following actions:

R-Rescue: Remove people from the area and assist to safety.

A-Alarm: Activate fire alarm and phone number emergency phone number.

C- Confine: Close all doors to contain and control fire and smoke.

E- Evacuate/Extinguish: if you are trained and able.

Fire Extinguisher are strategically located throughout the facility, instructions are:

P- Pull Pin

A- Aim at the base of the fire

S- Squeeze lever or handle

S- Sweep extinguisher from side to side

VA Police

It is the responsibility of each staff/contractor/volunteer to help ensure safety and security of the facility for the protections of patients, visitors, staff, and volunteers. This responsibility includes reporting and safeguarding against theft or vandalism of government buildings, property, records, and any personal belongings. Police have the authority and may question suspicious people and activity.

While at the VA facility volunteers must: Obey all laws and regulations; this includes speed limits, parking areas, stop signs, weapons, explosives, alcohol, illicit drugs, (including medical marijuana), gambling, soliciting, and pets are strictly prohibited. Report any suspicious incidents/items to the VA Police by calling ex: 15800.

INFECTION CONTROL

The most important factor in preventing infections in the health care system is proper hand washing/ hand disinfection. Wash or disinfect your hands after physical contact with a patient in a patient care or clinical area. Wash or disinfect your hands if you have touched surfaces that may have been contaminated. If you have worn gloves, wash/disinfect your hands when you remove your gloves.

Hand Disinfection Procedure (5 Seconds)

- * Apply alcohol hand rinse
- * Distribute rinse all surfaces of your hands, including nailbeds
- * Rinse hands dry, and do not use paper towels

SEASONAL INFLUENZA PREVENTION PROGRAM FOR VHA HEALTH CARE PERSONNEL

Influenza is particularly severe in certain populations, especially the elderly, frail, and immunosuppressed, and its transmission in healthcare settings is an underrecognized yet, substantial safety concern. Every year in the United States, influenza results in up to 226,000 hospitalizations and 36,000 deaths.

VHA Directive 1192 requires volunteers to participate in the seasonal influenza prevention program. Flu shots are free to all volunteers and are available during influenza season, December 1st through March 31st. For more information on how to comply with this directive contact the Voluntary Service Office.

VA PRIVACY TRAINING

The department of Veterans Affairs, VA must comply with all applicable privacy and confidentiality statutes and regulations. One of the requirements in VA is to have all personnel trained annually on privacy requirements. "Privacy" represents what must be protected by VA in the collection, use, and disclosure of personal information whether the medium is electronic, paper or verbal.

This document satisfies the "basic" privacy training requirement for contractor, volunteer, or other personnel **only if** the individual does not use or have access to any VA computer system, such as Time and Attendance, PAID, CPRS, VISTA Web. VA sensitive information or protected health information (PHI), whether paper or electronic. You will find this training outlines your roles and responsibility for protecting VA sensitive information (medical, financial, or educational) that you may incidentally or accidentally see or overhear.

If you have direct access to protected health information or access to a VA computer system where there is protected health information such as CPRS, VISTA Web, you must take "Privacy and HIPA Focused Training" (TMS 10203). "VA Privacy and information Security Awareness and Rules of Behavior" (TMS 10175) is always required to use or gain access to a VA computer systems or VA sensitive information, whether protected health information is included. Both trainings are located within the VA Talent Management System (TMS): <https://www.tms.va.gov>

What Is VA Sensitive Information/Data?

All department Information and/or data on any storage media or in any form or format, which requires protections due to the risk of harm that could result from inadvertent or deliberate disclosure, alteration, or destruction of the information. The term includes not only information that identifies an individual but also other information whose improper use or disclosure could adversely affect the ability of an agency to accomplish its mission, proprietary information, and records about individuals requiring protection under applicable confidentiality provisions.

What is Protected Health Information?

The HIPAA Privacy Rule defines health information as individually identifiable Health Information transmitted or maintained in any form or medium by a covered entity, such as VHA.

What is an “incidental” Disclosure?

An incidental disclosure is one where an individual’s information may be disclosed incidentally even though appropriate safeguards are in place. Due to the nature of VA communications and practices as well as the various environments in which Veterans receive healthcare or other services from VA sensitive information to be disclosed incidentally.

How is Privacy Enforced?

There are both civil and criminal penalties, including monetary penalties that may be imposed if a privacy violation has taken place. Any willful negligent or intentional violation of an individual’s privacy by VA personnel, contract staff, volunteers, or others may result, in such corrective action as deemed appropriate by Va including the potential loss of employment, contract, or volunteer status.

Know your VA/VHA Privacy Officer and Information Security Officer. These are the individuals to whom you can report any potential violation of protected health information or VA sensitive information, or any other concerns regarding privacy of Va sensitive information.

YOU ARE RESPONSIBLE FOR PROTECTING THE CONFIDENTIAL INFORMATION OF OUR VETERANS. We consider you an important member of our health care team and it is a privilege to have you, as our volunteer, in this special environment of health care. Your support assists us in providing world class care and service to America’s Heroes.

Please sign below and hand deliver to CDCE office (or) mail and return to:

CDCE
5901 E Seventh ST Bldg. 50
Long Beach, Ca 90822

This annual training is mandatory for each volunteer and the signed packet will be added to your file to reflect raining compliance. Additional resources are available by request in the CDCE office.

By signing this document, I certify that I have read and understand the Volunteer Training and Privacy Training:

Volunteer (PRINT Name)

Date:

Volunteer (Signature)

VA Center for Development & Civic Engagement (CDCE) Integrity and Compliance Awareness for Volunteers

The Importance of Compliance

- All VHA employees are required to act with integrity, understand and comply with the standards that apply to their work, and report suspected noncompliance, fraud, waste, abuse, and integrity concerns.
- Integrity is more than complying with the laws and regulations. It's being honest, genuine, and complying with the spirit, as well as the letter of the law.
- Acting with integrity and compliance helps build and protect Veteran's trust. This is important because the Veterans we serve fought hard for our freedom and deserve the best care available when they come home.

The Role of your Compliance Officer

- Help VA staff and leadership identify and manage compliance risks. They also help address issues such as non-compliant activity including fraud, waste and abuse, and unethical behavior.
- A trusted resource to guide and support compliance activities, clarify rules, regulations and laws and identify risk at all levels of the organization.
- Someone to call when you see something is wrong, non-compliant or unethical.
- Promote a culture of Integrity by maintaining ethical behavior in any situation and educating staff on how to do the same.

Supervisors are responsible for emphasizing the importance of integrity and compliance to the organization. They set the tone at the top and foster a safe environment in which employees can speak up to voice concerns without fear of retaliation.

- **Fraud** is intentionally misrepresenting a situation for personal gain.
- **Waste** is unintentionally misusing money or resources.
- **Abuse** is behaving improperly or unreasonably or misusing one's position or authority for gain.

Remember, no concern is too small, if you see something that seems wrong, here are some ways to **report it**:

- Discuss your concern with your supervisor.
- If you are not comfortable discussing the issue with your supervisor, contact a higher-level manager.
- Contact your organization's Compliance Officer.
- Call the Compliance Helpline toll free at **(866) VHA-HELP / (866) 842-4357**.

VHA's Code of Integrity is a resource centered around VA's ICARE values of Integrity, Commitment, Advocacy, Respect and Excellence and provides high-level guidance regarding a range of ethical conduct and concerns. It's not a new policy, it simply brings together several existing resources into one document.

By reviewing this content as part of my volunteer training within the Center for Development & Civic Engagement (CDCE), I certify that I understand that by serving as a Department of Veterans Affairs volunteer, I am responsible for adhering to and upholding laws, regulations, and agency policies.

Print Name

Signature

Date

Tibor Rubin VA Medical Center
Youth Volunteer Placement Checklist

Student's Name: _____

Assignment: _____

Supervisor: _____

_____ Please review work duties with your assigned youth volunteer.

_____ Give your name and office phone number to the youth volunteer in case they need to call in.

_____ Orient your youth volunteer to all safety and disaster procedures applicable to their work area.

_____ Explain breaks, lunch times, and their length. Stick to them. This will cut down on youth volunteers wandering the halls/grounds.

_____ Keep the youth volunteer's name, address, and phone number on file.

Information

- You have agreed to supervise youth volunteer(s) for a specific period of time. Please ensure there is work for them to perform. They must stay at your work site for that period of time. Please ***do not*** send your youth volunteer to the Voluntary Service office if they complete their assigned tasks early, please try to provide other task, if no task are available and you absolutely must send your volunteer(s), please call **Ext 15715** to advise CDCE that the volunteer is on their way.
- Assign appropriate and meaningful work with specific guidance, attempting to keep the scheduled day full.
- If an injury or accident occurs, take your Youth Volunteer to **Occupational Health Ext 15450** and notify **CDCE** immediately at **Ext 15715**
- If youth volunteer, must leave they should notify you or designated leadership in your absence and then, CDCE should be notified, so we can verify with parent/guardian if CDCE hasn't done so already.
- To make this volunteer program work, our you volunteers need to feel like they are contributing something meaningful. Thank you for providing this opportunity for them.

Supervisor's Name

Date



How to Self-Enroll Into TMS-Volunteer

A HOW-TO GUIDE FOR VA LONG BEACH NON-EMPLOYEE HEALTH PROFESSIONS TRAINEES TO REGISTER IN THE TALENT MANAGEMENT SYSTEM (TMS)

1. Go to <https://www.tms.va.gov/secureauth35/>

2. Select **Create New Non-Employee User**

The screenshot shows a web browser window with the address bar containing <https://www.tms.va.gov/SecureAuth35/>, which is highlighted with a red box and a red circle with the number 1. The page header features the U.S. Department of Veterans Affairs logo and the TMS 2.0 logo. The main content area is titled "VA TMS 2.0" and contains a login form. The form has a text input field labeled "Enter Username here" and a "Submit" button. Below these are three buttons: "Password Login for New Staff", "Forgot Username", and "Create New Non-Employee User". The "Create New Non-Employee User" button is highlighted with a red box and a red circle with the number 2. At the bottom of the form, there is a link for the "Updated Single Sign-On (SSO) Logon Option (PIV Card)".

VA TMS 2.0

Please enter your username below:

Enter Username here

Submit

Password Login for New Staff Forgot Username **Create New Non-Employee User**

Updated Single Sign-On (SSO) Logon Option (PIV Card)



3. Select **Veterans Health Administration (VHA)** and click Next

 Talent Management System

Human Capital Services Center | TMS Resources | Locate Your Local Administrator

Help

VA TMS SELF ENROLLMENT

If you are a VA EMPLOYEE or FEE BASIS and need a TMS 2.0 profile, do not create an account here. Please contact your local TMS 2.0 Administrator using the "Locate Your Local Administrator" menu option above.

If you need assistance with self-enrollment, please contact the Enterprise Services Desk by going to the your IT Services website or via phone at 1 (855) 673-4357.

Please answer the following question to begin the Self Enrollment process:

I will work at, or will attend an event sponsored by...

3

☒ **Veterans Health Administration (VHA)**
VHA is the nation's largest integrated health care system, with more than 1,700 hospitals, clinics, community living centers, domiciliaries, readjustment counseling centers, and other facilities

☐ **Veterans Benefits Administration (VBA)**
VBA administers a variety of benefits and services that provide financial and other forms of assistance to Service members, Veterans, their dependents and survivors

☐ **National Cemetery Administration (NCA)**
NCA provides burial benefits to veterans and eligible dependents, and operates 131 national cemeteries in the U.S. and Puerto Rico

☐ **Office of Information and Technology (OIT)**
OIT acquires, delivers, and manages technology to VA and acts as a steward for most of VA's information technology assets and resources

☐ **VA Central Office (VACO)**
VACO is a general term covering all other Program, and Staff Offices

Next



4. Select **Volunteer** and click on Next

 Talent Management System

Human Capital Services Center | TMS Resources | Locate Your Local Administrator

Help

Please answer the following question to begin the Self Enrollment process:

I am a...

4

☒ **Volunteer** (those volunteering for VA)

☐ **Health Professions Trainee** (Health professionals in VA training programs, including WOC trainees)

☐ **WOC** (those working for VA without VA compensation)

☐ **Clinical Contractor** (medical professionals working for VA on a contractual basis)

☐ **Contractor** (non-medical professionals working for VA who do so on a contractual basis)

☐ **Veterans Service Officer** (non-VA employees that help Veterans with preparing, filing, and tracking a benefits claim through the VA system)

☐ **DOD** (Department of Defense Civilian employees and Active Duty military personnel from any branch of the US Armed Forces)

☐ **Federal Non-VA** (those holding positions in the Federal government, except the DoD and VA)

☐ **Conference Attendee** (those attending a VA-sponsored conference)

Back

Next



5. Fill in all asterisked (*) information about yourself accurately. Including all requested Point of Contact (COR) Information. The email address should be a sustained email address as it will be your TMS 2.0 ID and initial username value.

6. Complete **My Job Information**, at the bottom. Including all requested Point of Contact (COR) information. Point of Contact should be filled with the information provided below.

A1. Location Code: You must click the blue funnel to the right of the empty text field

A2. type in **LON** and select VA Long Beach Healthcare System

B. HIPAA Training Required: **Check this box** and click **Submit**.

MY JOB INFORMATION

6

* VA Location :

LON(VA Long Beach Healthca



A1

(Supplied by your VA Contact; Click on the blue funnel to search)

* VA Point of Contact First Name :

Quinton

* VA Point of Contact Last Name :

Henderson

* VA Point of Contact Email Address :

quinton.henderson@va.gov

* Point of Contact Phone Number (do not include hyphens i.e. 1112223333):

562

826

4674



Check here to enter an International Phone Number

HIPAA Training Required :



Back

Submit

VA Location Lookup

Help

Select VA Location from Search Results

Search

Enter the keywords or enter Location Code criteria.

A2

Keywords: LON



Exact Phrase

Select

Reset

Location Code

Description

Select

LON

VA Long Beach Healthcare System



Select

Reset



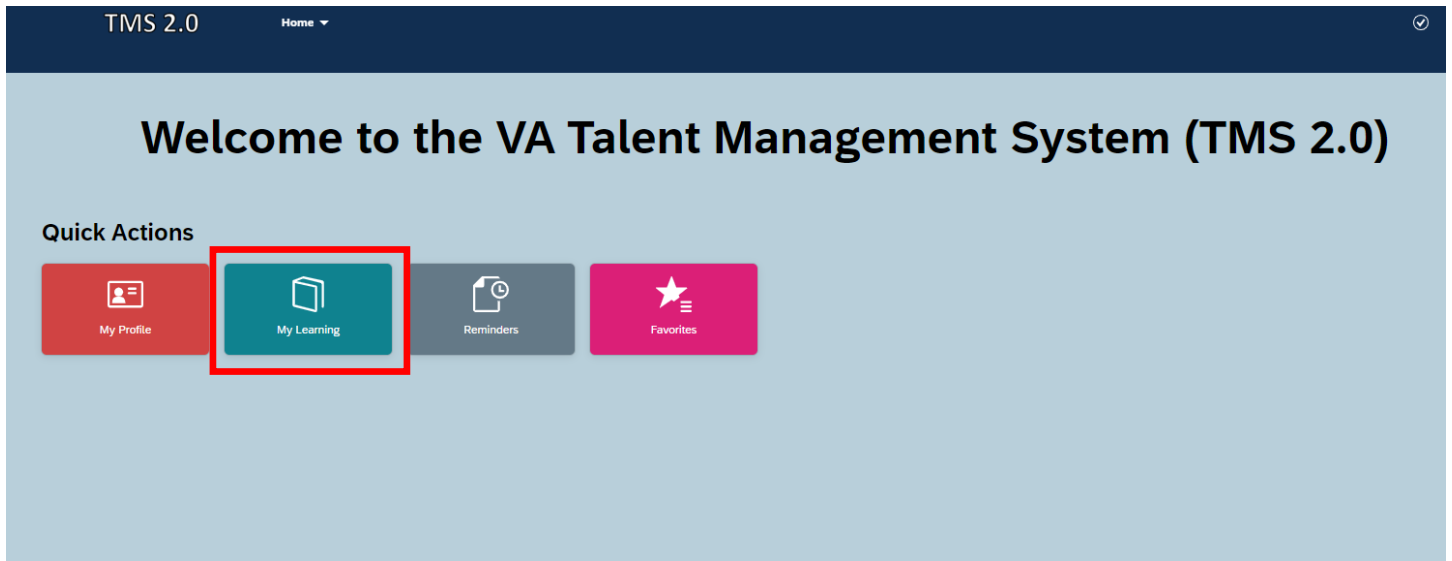
7. You will then be taken to the “CONGRATULATIONS” page where you can copy your USER NAME (initially, your email address)

8. After 20 minutes have passed, please return to <https://www.tms.va.gov/secureauth35/>. Enter your User Name and click “SUBMIT. You can then send a one-time passcode to your email address.

(Each time you want to sign into TMS in the future, you’ll receive a unique one-time passcode via email.)

9. On your TMS HOME PAGE you will find your required training Course(s) under MY LEARNING

- VA Privacy and Information Security Awareness and Rules of Behavior (TMS# 10176)
- Privacy and HIPAA Training (TMS# 1020)



TIBOR RUBIN VA MEDICAL CENTER CAMPUS MAP

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
VA Long Beach Healthcare System

Tibor Rubin VA Medical Center

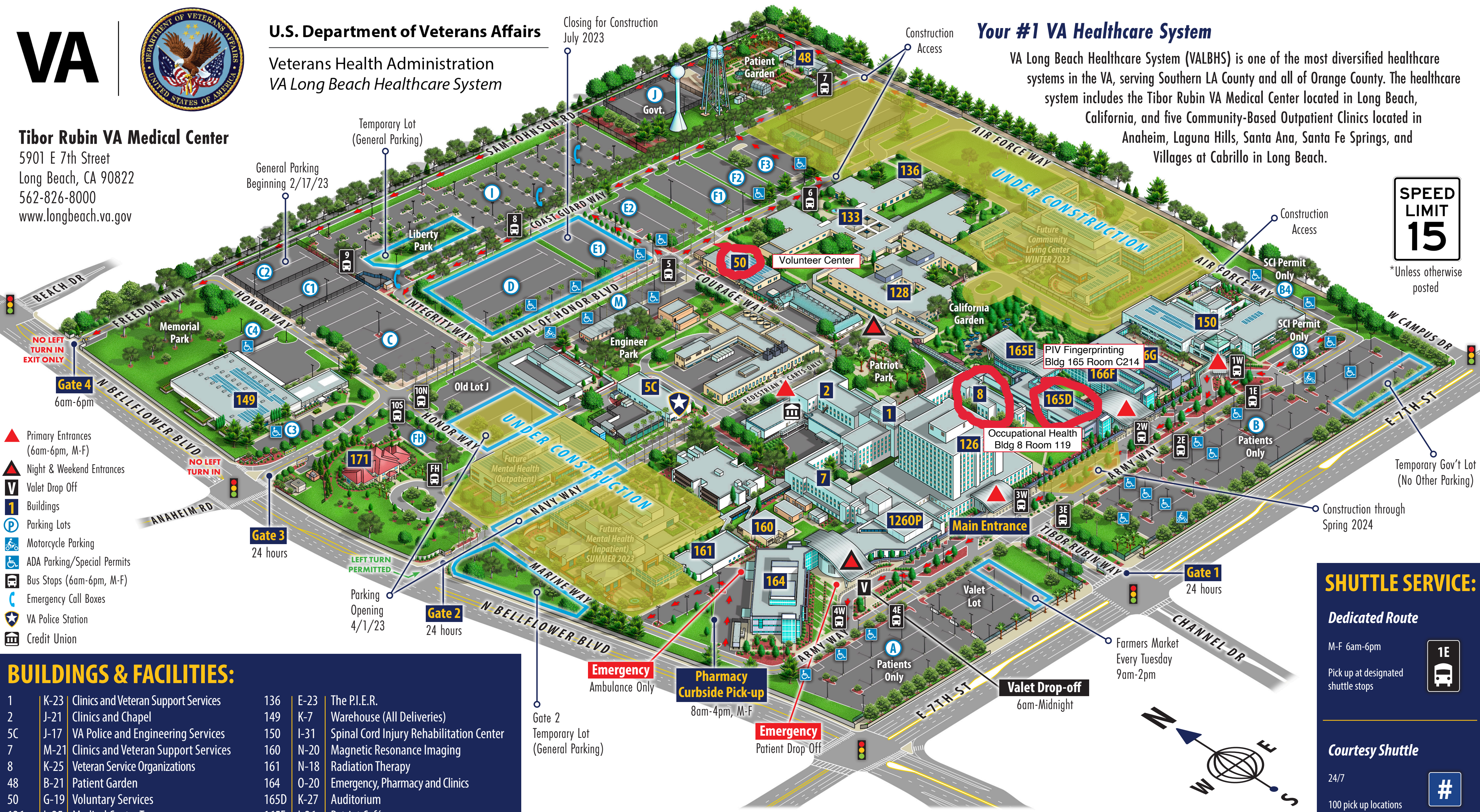
5901 E 7th Street
Long Beach, CA 90822
562-826-8000
www.longbeach.va.gov

Your #1 VA Healthcare System

VA Long Beach Healthcare System (VALBHS) is one of the most diversified healthcare systems in the VA, serving Southern LA County and all of Orange County. The healthcare system includes the Tibor Rubin VA Medical Center located in Long Beach, California, and five Community-Based Outpatient Clinics located in Anaheim, Laguna Hills, Santa Ana, Santa Fe Springs, and Villages at Cabrillo in Long Beach.

SPEED
LIMIT
15

*Unless otherwise posted



- Primary Entrances (6am-6pm, M-F)
- Night & Weekend Entrances
- Valet Drop Off
- Buildings
- Parking Lots
- Motorcycle Parking
- ADA Parking/Special Permits
- Bus Stops (6am-6pm, M-F)
- Emergency Call Boxes
- VA Police Station
- Credit Union

BUILDINGS & FACILITIES:

1	K-23	Clinics and Veteran Support Services	136	E-23	The P.I.E.R.
2	J-21	Clinics and Chapel	149	K-7	Warehouse (All Deliveries)
5C	J-17	VA Police and Engineering Services	150	I-31	Spinal Cord Injury Rehabilitation Center
7	M-21	Clinics and Veteran Support Services	160	N-20	Magnetic Resonance Imaging
8	K-25	Veteran Service Organizations	161	N-18	Radiation Therapy
48	B-21	Patient Garden	164	O-20	Emergency, Pharmacy and Clinics
50	G-19	Voluntary Services	165D	K-27	Auditorium
126	L-25	Medical Center Tower	165E	I-26	Patriot Café
1260P	N-23	Clinics and Veteran Support Services	166F	J-28	Blind Rehabilitation Clinics
128	H-23	Mental Health	166G	J-29	Blind Rehabilitation Center
133	F-22	Community Living Center	171	L-10	Fisher House

SHUTTLE SERVICE:

Dedicated Route

M-F 6am-6pm

Pick up at designated shuttle stops



Courtesy Shuttle

24/7

100 pick up locations around campus

Call: (562) 519-2267



TIBOR RUBIN VA MEDICAL CENTER INTERIOR REFERENCE MAP

Your #1 VA Healthcare System

VETERAN SERVICES

- A** Veteran Resource Center:
 - Whole Health Service (WHS)
 - Patient Advocate (PA)
 - Beneficiary Travel (BT)
 - Social Work (SW)
 - Veteran Benefits Administration (VBA)
 - Veteran Service Organizations (VSO)
 - Release of Information (ROI)
 - Virtual Health Resource Center (VHRC)
- B** Agent Cashier
- C** Compensation and Pension Office (B7 3rd Floor via Elevator 0)
- C** Veteran Transition Center (VTC) (B7 3rd Floor via Elevator 0)
- D** Freedom of Information Act (FOIA) Office
- E** Chapel (B2 2nd Floor via Elevator N)
- F** Patient Business Office
- G** Phlebotomy Waiting Room

- ? Information Desk
- \$ ATM
- Barber Shop
- Bank
- Canteen
- Patient Transport Check-in Desk
- Coffee Shop
- Public Restroom
- Shop/Retail Store
- Theatre
- Vending Machine
- Valet

- Entrance
- Reception/Waiting Area
- Emergency Stairwell
- Elevator Bank
- Elevator Bank Letter



U.S. Department of Veterans Affairs
Veterans Health Administration
VA Long Beach Healthcare System

Occupational Health
Bldg 8 RM 119

PIV Finger Printing
Bldg 165 RM C214
2nd floor

CLINICS

Service

- Anesthesia Pain Clinic
- Blind Rehabilitation Clinic
- Cardiology Lab
- Clinical Research
- Dental Clinic
- Dermatology/Acupuncture Clinic
- Ear, Nose & Throat (ENT)/ Plastic Surgery Clinic
- Emergency Department
- GEC & Palliative Care
- GI Lab/ Procedure
- Dialysis
- HUD-VASH
- Imaging Services
- Infusion Procedure

Symbol	Bldg	Floor
M	126	5
90	166	1
N	7	2
40 & P	128	2
M	126	2
12	126	1
5	2	1
80	164	1
N	7	3
M	126	9
M	126	9
42 & P	128	1 & 2
13	126	1
M	126	9

CLINICS

Service

- Mental Health Clinics
- Psychiatry Outpatient Clinic A
- Magnetic Resonance Imaging (MRI)
- Neurology Clinic
- OP 126 Specialty Care Clinic
- OP 126 Audiology Clinic
- Ophthalmology/Optometry Clinic
- Low Vision Clinic
- Orthopedic Clinic
- PET/CT Clinic
- Pharmacy
- Phlebotomy Lab
- Physical Therapy
- Podiatry, Pain, Wound, Nutrition, Anti-Coagulation Clinics
- Physical Medicine and Rehabilitation (PMR) Clinics
- Primary Care Clinics (A thru F)
- Prosthetics
- Pulmonary Service
- Radiation Oncology
- Spinal Cord Injury (SCI)
- Sleep Lab
- Social Work Admin
- Speech Pathology Clinic
- Spinal Cord Injury Clinic
- Surgical Clinics (Same Day Surgery)
- Urgent Mental Health Clinic
- Specialty Care
- Women's Health Clinic

Symbol	Bldg	Floor
41 & P	128	1 & 2
1 & 2	1	1
60	160	1
M	126	10
30	126OP	1
31	126OP	1
O	126OP	2
S	166	2
N	1	3
M	126	B
81	164	1
14	126	1
M	126	B
M	126	2
Q	150	B
R	164	2 & 3
Q	150	B
M	126	3
70	161	1
53	150	1
O	126OP	2
N	1	4
3	1	1
52 & Q	150	B & 1
M	126	6
4	2	1
15	126	1
16	126	1