Follow these Instructions to Complete the Application for a Volunteer Position

<table>
<thead>
<tr>
<th>Forms that must completed prior to in-processing as a volunteer</th>
<th>Key Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application for Voluntary Service – 2 pages (VA Form 10-7055)</td>
<td>Pages 1&amp;2- Complete in full</td>
</tr>
<tr>
<td>Parent/Guardian Permission Slip</td>
<td>Page 2- Must be signed by parent or guardian if volunteer is under 18 years of age</td>
</tr>
<tr>
<td>Letter of Reference Forms – 2 pages</td>
<td>Page 3 – Complete in full</td>
</tr>
<tr>
<td>Authorization for Release of Information- 2 pages (Standard Form 85)</td>
<td>Forms must be filled out by two Non-Family members</td>
</tr>
<tr>
<td>HR Document Verification Form -1 page</td>
<td>Complete in full</td>
</tr>
<tr>
<td>Information Security Rules of Behavior</td>
<td>Complete in full</td>
</tr>
<tr>
<td>Tell Us About Yourself Form</td>
<td>Read in Full and Sign on Page 4</td>
</tr>
</tbody>
</table>

Additional Requirements:
NOTE: The Medical Center will arrange the below appointments for you; do not have them done yourself.

All volunteers are fingerprinted and a background investigation conducted. A TB/PPD test must be administered and read between 48 & 72 hours, or documentation presented that verifies that a PPD test has been administered within the last 4 mos. When you come in for in-processing/orientation, you must:
- Present two (2) forms of identification, 2 from List A or one from List A plus one from List B. Names must match exactly (if one ID has a full middle name, and the other has a middle initial, then the initial must match).
  - One State or Federal ID must contain a photograph.
  - Both IDs must be original documents, and must be currently valid, not expired or cancelled.

PLEASE NOTE: School ID’s w/o expiration dates are not valid for identification purposes.

<table>
<thead>
<tr>
<th>List A</th>
<th>List B</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Passport or U.S. Passport Card</td>
<td>U.S. Social Security Card issued by Social Security Administration</td>
</tr>
<tr>
<td>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>Original or certified copy of a birth certificate issued by a state, county, municipality authority, or outlying possession of the U.S. bearing an official seal</td>
</tr>
<tr>
<td>Foreign passport</td>
<td>ID card issued by a federal, state or local government agency or entity, provided it contains a photograph</td>
</tr>
<tr>
<td>Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>Voter’s registration card</td>
</tr>
<tr>
<td>Driver’s License or an ID card issued by a State or possession of the United States provided it contains a photograph</td>
<td>U.S. Coast Guard Merchant Mariner Card</td>
</tr>
<tr>
<td>U.S. Military card</td>
<td>Certificate of U.S. Citizenship (Form N-560 or N-561)</td>
</tr>
<tr>
<td>U.S. Military dependent’s ID card</td>
<td>Certificate of Naturalization (Form N-550 or N-570)</td>
</tr>
<tr>
<td>PIV Card</td>
<td>U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td>ID Card for Use of Resident Citizen in the U.S. (Form I-179)</td>
<td>ID Card for Certification of Birth Abroad or Certification of Report of Birth issued by the Department of State (Form FS-545 or Form DS-1350)</td>
</tr>
<tr>
<td>Temporary Resident Card (Form I-688)</td>
<td>Temporary Resident Card (Form I-688A)</td>
</tr>
<tr>
<td>Employment Authorization Card (Form I-6888A)</td>
<td>Reentry Permit (Form I-327)</td>
</tr>
<tr>
<td>Reentry Permit (Form I-327)</td>
<td>Refugee Travel Document (Form I-571)</td>
</tr>
<tr>
<td>Employment Authorization Document issued by DHS with photograph (Form I-688B)</td>
<td>Driver’s license issued by a Canadian government entity</td>
</tr>
<tr>
<td>Native American Tribal document</td>
<td></td>
</tr>
</tbody>
</table>

Please call the Voluntary Service Office at 401-273-7100 ext 3002 with questions.
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

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

VA FORM FEB 2016  10-7055  EXISTING STOCK OF VA FORM 10-7055, MAY 2007, WILL BE USED.
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.
PARENT/GUARDIAN PERMISSION SLIP
FOR VOLUNTEERS UNDER 18 YEARS OF AGE
Approval for Fingerprint-taking and TB/PPD Test

Dear Parent/Guardian:

In order for your adolescent to volunteer at the Providence VA Medical Center or its satellite locations, your permission to take their fingerprints and to administer a TB/PPD test is requested. Please complete the form below and return it with the application packet.

I, ______________________, parent/guardian of ______________________,
(PRINT NAME OF PARENT/GUARDIAN) (PRINT NAME OF MINOR)

grant permission for the Providence VA Medical Center (PVAMC) to take the fingerprints of, and administer a TB/PPD to, the above minor.

________________________________  ______________________
SIGNATURE OF PARENT/GUARDIAN DATE
DEPARTMENT OF VETERANS AFFAIRS
Medical Center
830 Chalkstone Avenue
Providence, RI 02908-4799

In Reply Refer To: 650-135

VOLUNTEER PROGRAM
LETTER OF REFERENCE FORM

Reference is required from a Non-Family Member

Applicant’s Name: ________________________________________________________________

Length of time acquainted with applicant: ______________________ yrs/mos.

Relationship to applicant: Friend _____ Employer _____ Teacher _____ Other _____

The individual listed above has applied to be a volunteer. Please describe some attributes you feel would impact on his/her ability to volunteer. We may call you for further information. Thank you.

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

SIGNATURE

PLEASE PRINT NAME

CITY, STATE, ZIP

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

Please return to Voluntary Service, Providence VA Medical Center, 830 Chalkstone Ave., Providence, RI 02908-4799.
VOLUNTEER PROGRAM
LETTER OF REFERENCE FORM

Reference is required from a Non-Family Member

Applicant’s Name: ____________________________________________________________

Length of time acquainted with applicant: ____________________ yrs/mos.

Relationship to applicant: Friend _____ Employer _____ Teacher _____ Other _____

The individual listed above has applied to be a volunteer. Please describe some attributes you feel would impact on his/her ability to volunteer. We may call you for further information. Thank you.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

__________________________________________

SIGNATURE

__________________________________________

PLEASE PRINT NAME

__________________________________________

CITY, STATE, ZIP

__________________________________________

HOME TELEPHONE NUMBER

__________________________________________

WORK TELEPHONE NUMBER

Please return to Voluntary Service, Providence VA Medical Center, 830 Chalkstone Ave., Providence, RI 02908-4799.
UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance disciplinary, employment history, and criminal history record information.

I Understand that, for some sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed.

<table>
<thead>
<tr>
<th>Signature (Sign in ink)</th>
<th>Full Name (Type or Print Legibly)</th>
<th>Date Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Other Names Used</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Address (Street, City)</th>
<th>State</th>
<th>Zip Code</th>
<th>Home Telephone Number (Include Area Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(                          )</td>
</tr>
</tbody>
</table>
Authorization for Release of Information / Background Investigation

- During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? Include felonies, firearms or explosives, violation, misdemeanors and all other offenses. If "YES", provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

- Have you been convicted by a military court-martial in the past 10 years? If no military service, answer "NO". If "YES", provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.

- Are you now under charges for any violation of law? If "YES", provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

Explanation Space

Privacy Statement
Solicitation of this information is authorized by sections 1304 (Loyalty Investigations) and 3301 (Civil Service) of Title 5, U.S. Code; Executive Order 10450 (Security Requirements for Investigations). This information will be used to search the Federal Bureau of Investigation's fingerprint files in determining your fitness for Federal employment or security clearance. It may also be used for searches of other law enforcement agencies maintaining fingerprint files for the same purpose.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal government furnish a Social Security Number (SSN) or tax identification number. Furnishing any of the other requested information is voluntary; however, failure to furnish this information may result in your not being considered for employment or for a clearance. A false answer to any question on this form is punishable by law (Title 18, U.S. Code, Section 1001).

Public Burden Statement
We estimate the Public Burden for this collection of information is approximately five minutes per response. This includes time for reviewing the instructions, completing the form and the actual fingerprinting.

Confidentiality Statement
I recognize a person's basic right to privacy and confidentiality of personal information. As a volunteer of the Providence VA Medical Center, I understand that I may be exposed to a variety of confidential information that may be in writing, oral, electronic or observed. The confidential information may pertain to patients, physicians, employees or other private aspects of hospital business. I believe said confidential information must be carefully protected and should be shared only with individuals who have a legitimate need for the personal/confidential information. The need for, and critical importance of, maintaining strict confidentiality of all private information has been fully explained to me. I understand that any unauthorized disclosure of said information will result in disciplinary action up to and including termination of my placement at the Providence VA Medical Center.

VOLUNTEER NAME (Printed)          VOLUNTEER SIGNATURE          DATE
FINGERPRINT WORKSHEET

PLEASE SELECT THE APPROPRIATE CATEGORY

____ DISBURSEMENT RESIDENT _____ WOC _____ VOLUNTEER

_____ COURTESY _____ FEE-BASIS _____ CONTRACTOR _____ REGULAR EMPLOYEE

COURTESY AND CONTRACTS PLEASE PROVIDE: SON________ SOI________

OFFICIAL POSITION TITLE ____________________________________________

THE FOLLOWING INFORMATION IS REQUIRED TO SUBMIT YOUR FINGERPRINTS. HUMAN RESOURCES WILL TAKE YOUR FINGERPRINTS AS PART OF PROCESSING YOUR APPOINTMENT OR IN CONNECTION WITH THE REINVESTIGATION REQUIRED DUE TO THE RISK LEVEL ASSOCIATED WITH YOUR POSITION.

FULL LEGAL NAME

(LAST NAME) (FIRST NAME) (FULL MIDDLE NAME) (SUFFIX)

OTHER NAMES USED ________________________________________________

(MAIDEN NAME)

UNITED STATES SSN ________________________________ DOB ______________

US STREET ADDRESS ______________________________________________

(COMPLETE STREET ADDRESS)

CITY OF BIRTH __________________________ STATE OR COUNTRY OF BIRTH __________________________

COUNTRY OF CITIZENSHIP _________________________________________

FOR THE FOLLOWING SECTION, PLEASE USE THE BELOW CHART

GENDER __________________________

RACE __________________________

EYE COLOR _______________________

HAIR COLOR _______________________

HEIGHT __________________________ (FEET, INCHES)

WEIGHT __________________________ (POUNDS)

Race:

A - Asian
B - African American
I - Native American
W - Caucasian/Latino

Eye Color:

BLK – Black BLU- Blue
BRO-Brown GRN- Green
GRY- Gray HAZ – Hazel

Hair Color:

BLK – Black
RED – Red/Auburn
GRY - Gray/Partially Gray
BRO – Brown
SDY – Sandy
WHI – White
BLN – Blonde/Strawberry
BAL -- Bald
DEPARTMENT OF VETERAN AFFAIRS INFORMATION SECURITY RULES OF BEHAVIOR

1. COVERAGE
   a. Department of Veterans Affairs (VA) Information Security Rules of Behavior (ROB) provides the specific responsibilities and expected behavior for organizational users and non-organizational users of VA systems and VA information as required by OMB Circular A-130, Appendix III, paragraph 3a(2)(a) and VA Handbook 6500, Managing Information Security Risk: VA Information Security Program.
   b. Organizational users are identified as VA employees, contractors, researcher, students, volunteers, and representatives of Federal, state, local or tribal agencies.
   c. Non-organizational users are identified as all information system users other than VA users explicitly categorized as organizational users.
   d. VA Information Security ROB does not supersede any policies of VA facilities or other agency components that provide higher levels of protection to VA's information or information systems. The VA Information Security ROB provides the minimal rules with which individual users must comply. Authorized users are required to go beyond stated rules using "due diligence" and the highest ethical standards.

2. COMPLIANCE
   a. Non-compliance with VA ROB may be cause for disciplinary actions. Depending on the severity of the violation and management discretion, consequences may include restricting access, suspension of access privileges, reprimand, demotion and suspension from work. Theft, conversion, or unauthorized disposal or destruction of Federal property or information may result in criminal sanctions.
   b. Unauthorized accessing, uploading, downloading, changing, circumventing, or deleting of information on VA systems; unauthorized modifying VA systems, denying or granting access to VA systems; using VA resources for unauthorized use on VA systems; or otherwise misusing VA systems or resources is strictly prohibited.
   c. VA Information Security Rules of Behavior (ROB) does not create any other right or benefit, substantive or procedural, enforceable by law, by a party in litigation with the U.S. Government.

3. ACKNOWLEDGEMENT
   a. VA Information Security ROB must be signed before access is provided to VA information systems or VA information. The VA ROB must be signed annually by all users of VA information systems or VA information. This signature indicates agreement to adhere to the VA ROB. Refusal to sign VA Information Security ROB will result in denied access to VA information systems or VA information. Any refusal to sign the VA Information Security ROB may have an adverse impact on employment with VA.
   b. The ROB may be signed in hard copy or electronically. If signed using the hard copy method, the user should initial and date each page and provide the information requested under Acknowledgement and Acceptance. For Other Federal Government Agency users, documentation of a signed ROB will be provided to the VA requesting official.

4. INFORMATION SECURITY RULES of BEHAVIOR

Access and Use of VA Information Systems
I Will:
   o Comply with all federal VA information security, privacy, and records management policies. SOURCE: PM-1
   o Have NO expectation of privacy in any records that I create or in my activities while accessing or using VA information systems. SOURCE: AC-8
   o Use only VA-approved devices, systems, software, services, and data which I am authorized to use, including complying with any software licensing or copyright restrictions. SOURCE: AC-6
   o Follow established procedures for requesting access to any VA computer system and for notifying my VA supervisor or designee when the access is no longer needed. SOURCE: AC-2
   o Only use my access to VA computer systems and/or records for officially authorized and assigned duties. SOURCE: AC-6
Log out of all information systems at the end of each workday. SOURCE: AC-11
Log off or lock any VA computer or console before walking away. SOURCE: AC-11
Only use other Federal government information systems as expressly authorized by the terms of those systems; personal use is prohibited. SOURCE: AC-20
Only use VA-approved solutions for connecting non-VA-owned systems to VA's network. SOURCE: AC-20

I Will Not:

Attempt to probe computer systems to exploit system controls or to obtain unauthorized access to VA sensitive data. SOURCE: AC-6
Engage in any activity that is prohibited by VA Directive 6001, Limited Personal Use of Government Office Equipment Including Information Technology. SOURCE: AC-8
Have a VA network connection and a non-VA network connection (including a modem or phone line or wireless network card, etc.) physically connected to any device at the same time unless the dual connection is explicitly authorized. SOURCE: AC-17 (k)
Host, set up, administer, or operate any type of Internet server or wireless access point on any VA network unless explicitly authorized by my Information System Owner, local CIO, or designee and approved by my ISO. SOURCE: AC-18

Protection of Computing Resources

I Will:

Secure mobile devices and portable storage devices (e.g., laptops, Universal Serial Bus (USB) flash drives, smartphones, tablets, personal digital assistants (PDA)). SOURCE: AC-19

I Will Not:

Swap or surrender VA hard drives or other storage devices to anyone other than an authorized 01&T employee. SOURCE: MP-4
Attempt to override, circumvent, alter or disable operational, technical, or management security configuration controls unless expressly directed to do so by authorized VA staff. SOURCE: CM-3

Electronic Data Protection

I Will:

Only use virus protection software, anti-spyware, and firewall/intrusion detection software authorized by VA. SOURCE: SI-3
Safeguard VA mobile devices and portable storage devices containing VA information, at work and remotely, using FIPS 140-2 validated encryption (or its successor) unless it is not technically possible. This includes laptops, flash drives, and other removable storage devices and storage media (e.g., Compact Discs (CD), Digital Video Discs (DVD)). SOURCE: SC-13
Only use devices encrypted with FIPS 140-2 (or its successor) validated encryption. VA owned and approved storage devices/media must use VA’s approved configuration and security control requirements. SOURCE: SC-28
Use VA e-mail in the performance of my duties when issued a VA email account. SOURCE: SC-8
Obtain approval prior to public dissemination of VA information via e-mail as appropriate. SOURCE: SC-8

I Will Not:

Transmit VA sensitive information via wireless technologies unless the connection uses FIPS 140-2 (or its successor) validated encryption. SOURCE: AC-18
Auto-forward e-mail messages to addresses outside the VA network. SOURCE: SC-8
Download software from the Internet, or other public available sources, offered as free trials, shareware; or other unlicensed software to a VA-owned system. SOURCE: CM-11
Disable or degrade software programs used by VA that install security software updates to VA computer equipment, to computer equipment used to connect to VA information systems, or used to create, store or use VA information. SOURCE: CM-10
Teleworking and Remote Access

I Will:

- Keep government furnished equipment (GFE) and VA information safe, secure, and separated from my personal property and information, regardless of work location. I will protect GFE from theft, loss, destruction, misuse, and emerging threats. SOURCE: AC-17
- Obtain approval prior to using remote access capabilities to connect non-GFE equipment to VA’s network while within the VA facility. SOURCE: AC-17
- Notify my VA supervisor or designee prior to any international travel with a GFE mobile device (e.g. laptop, PDA) and upon return, including potentially issuing a specifically configured device for international travel and/or inspecting the device or reimaging the hard drive upon return. SOURCE: AC-17
- Safeguard VA sensitive information, in any format, device, system and/or software in remote locations (e.g., at home and during travel). SOURCE: AC-17
- Provide authorized OIT personnel access to inspect the remote location pursuant to an approved telework agreement that includes access to VA sensitive information. SOURCE: AC-17
- Protect information about remote access mechanisms from unauthorized use and disclosure. SOURCE: AC-17
- Exercise a higher level of awareness in protecting GFE mobile devices when traveling internationally as laws and individual rights vary by country and threats against Federal employee devices may be heightened. SOURCE: AC-19

I Will Not:

- Access non-public VA information technology resources from publicly-available IT computers, such as remotely connecting to the internal VA network from computers in a public library. SOURCE: AC-17
- Access VA’s internal network from any foreign country designated as such unless approved by my VA supervisor, ISO, local CIO, and Information System Owner. SOURCE: AC-17

User Accountability

I Will:

- Complete mandatory security and privacy awareness training within designated time frames, and complete any additional role-based security training required based on my role and responsibilities. SOURCE: AT-3
- Understand that authorized VA personnel may review my conduct or actions concerning VA information and information systems, and take appropriate action. SOURCE: AU-1
- Have my GFE scanned and serviced by VA authorized personnel This may require me to return it promptly to a VA facility upon demand. SOURCE: MA-2
- Permit only those authorized by OIT to perform maintenance on IT components, including installation or removal of hardware or software. SOURCE: MA-5
- Sign specific or unique ROBs as required for access or use of specific VA systems. I may be required to comply with a non-VA entity’s ROB to conduct VA business. While using their system, I must comply with their ROB. SOURCE: PL-4

Sensitive Information

I Will:

- Ensure that all printed material containing VA sensitive information is physically secured when not in use (e.g., locked cabinet, locked door). SOURCE: MP-4
- Only provide access to sensitive information to those who have a need-to-know for their professional duties, including only posting sensitive information to web based collaboration tools restricted to those who have a need-to-know and when proper safeguards are in place for sensitive information. SOURCE: UL-2
- Recognize that access to certain databases have the potential to cause great risk to VA, its customers and employees due to the number and/or sensitivity of the records being accessed. I will act accordingly to ensure the confidentiality and security of these data commensurate with this increased potential risk. SOURCE: UL-2
Obtain approval from my supervisor to use, process, transport, transmit, download, print or store electronic VA sensitive information remotely (outside of VA owned or managed facilities (e.g., medical centers, community based outpatient clinics (CBOC), or regional offices)). SOURCE:UL-2

Protect VA sensitive information from unauthorized disclosure, use, modification, or destruction, and will use encryption products approved and provided by VA to protect sensitive data. SOURCE: SC-13

Encrypt individually identifiable information via fax only when no other reasonable means exist, and when someone is at the machine to receive the transmission or the receiving machine is in a secure location. SOURCE: SC-8

Protect SPI aggregated in lists, databases, or logbooks, and will include only the minimum necessary SPI to perform a legitimate business function. SOURCE: SC-28

Ensure fax transmissions are sent to the appropriate destination. This includes double checking the fax number, confirming delivery, using a fax cover sheet with the required notification message included. SOURCE: SC-8

I Will Not:

Disclose information relating to the diagnosis or treatment of drug abuse, alcoholism or alcohol abuse, HIV, or sickle cell anemia without appropriate legal authority. I understand unauthorized disclosure of this information may have a serious adverse effect on agency operations, agency assets, or individuals. SOURCE: IP-1

Allow VA sensitive information to reside on non-VA systems or devices unless specifically designated and authorized in advance by my VA supervisor, ISO, and Information System Owner, local CIO, or designee. SOURCE: AC-20

Make any unauthorized disclosure of any VA sensitive information through any means of communication including, but not limited to, e-mail, instant messaging, online chat, and web bulletin boards or logs. SOURCE: SC-8

Encrypt email that does not include VA sensitive information or any email excluded from the encryption requirement. SOURCE: SC-8

Identification and Authentication

I Will:

Use passwords that meet the VA minimum requirements. SOURCE: IA-5 (1)

Protect my passwords; verify codes, tokens, and credentials from unauthorized use and disclosure. SOURCE: IA-5 (h)

I Will Not:

Store my passwords or verify codes in any file on any IT system, unless that file has been encrypted using FIPS 140-2 (or its successor) validated encryption, and I am the only person who can decrypt the file.

Hardcode credentials into scripts or programs. SOURCE: IA-5 (1) (c)

Incident Reporting

I Will:

Report suspected or identified information security incidents including anti-virus, antispyware, firewall or intrusion detection software errors, or significant alert messages (security and privacy) to my VA supervisor or designee immediately upon suspicion. SOURCE: IR-6

5. ACKNOWLEDGEMENT AND ACCEPTANCE

a. I acknowledge that I have received a copy of VA information Security Rules of Behavior.

b. I understand, accept and agree to comply with all terms and conditions of VA Information Security Rules of Behavior.

I Acknowledge and Accept

VOLUNTEER NAME: __________________________
Please tell us about yourself:

1. Why do you want to volunteer?

2. Would you prefer an assignment that is more active (walking, etc) or more sedentary (sitting)?

3. Would you prefer working with patients or with hospital staff?

4. What days and hours would you like to volunteer? (Please be specific)

5. Please list any skills, experience and/or interests you have that would better help us place you as a volunteer.

6. Additional comments/thoughts you would like to add...