



VOLUNTEER APPLICATION

Thank you for your interest in volunteering at our Sgt. John L. Levitow Healthcare Center for the for the Connecticut Department of Veterans Affairs. Applicants are to complete this application and provide three references from non-related persons. If applicable, former supervisors would be appropriate. Prior to starting any volunteer position with Connecticut Veterans Affairs, potential applicants must agree to and undergo a background check in line with agency standards and policies.

Name: (Last, First) _____

Mailing address:
(Street, City, State, Zip) _____

Phone number: _____

E-mail address: _____

Date of birth: (Month/Day/Year) _____

Gender: Male Female Non-binary Prefer not to say

Indicate highest level of education: High School College Technical School
 Other (please specify): _____

Employment experience (include present employment): _____

Foreign language(s) spoken: _____

Have you ever been a volunteer? Yes No

If yes, where: _____

If yes, dates: _____

If yes, describe activities: _____



List memberships in civic/fraternal/religious organizations or other organizations:

Are you volunteering in affiliation with a veterans' organization/church/school, or other group or program? Yes No If yes, specify: _____

Do you have any experience working with veterans, older adults or those with a disability?

Yes No

If yes, please describe briefly: _____

Write a brief statement as to why you want to volunteer at CT Department of Veterans Affairs:

Can you spend at least 8 hours per month volunteering during daytime hours?

Yes No

Do you agree to participate in a volunteer orientation, complete necessary and ongoing training classes, and uphold patient privacy rights? Yes No

How did you learn about this opportunity? _____

Race & Ethnicity (optional):

Race: American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White Other _____

Ethnicity: Hispanic, Latino, Spanish Origin Not of Hispanic, Latino, Spanish Origin



I certify that the above information is true to the best of my knowledge and belief. I understand and agree that any false statement or omission of material fact(s) may cause my application to be denied.

Applicant Signature: _____

Date: _____

Please forward completed application, verification form, and three references to:
CT Department of Veterans Affairs
ATTN: Manager of Community Advocacy
287 West Street
Rocky Hill, CT 06067
E-Mail: DVA-Commissioner@ct.gov



VOLUNTEER REFERENCE

Name of Volunteer: _____

Name of Reference: _____

Address: _____

Phone: _____ Email: _____

Length of time known: _____

In what capacity: _____

Strengths individual would bring to volunteer experience: _____

Do you have any reservations about the volunteer applicant? Yes No
If yes, please explain:

Overall Comments: _____

Reference Signature: _____

Reference Date: _____



VOLUNTEER REFERENCE

Name of Volunteer: _____

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Address: _____

Phone: _____ Email: _____

Length of time known: _____

In what capacity: _____

Strengths individual would bring to volunteer experience: _____

Do you have any reservations about the volunteer applicant? Yes No

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VOLUNTEER REFERENCE

Name of Volunteer: _____

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Address: _____

Phone: _____ Email: _____

Length of time known: _____

In what capacity: _____

Strengths individual would bring to volunteer experience: _____

Do you have any reservations about the volunteer applicant? Yes No

If yes, please explain:

Overall Comments: _____

Reference Signature: _____

Reference Date: _____