



ANDREW G. BESHEAR
GOVERNOR

DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF KENTUCKY VETERAN CENTERS
THOMSON-HOOD VETERANS CENTER

100 VETERANS DRIVE
WILMORE, KENTUCKY 40390
(859) 858-2814
www.thvc.ky.gov



LTC (RET) WHITNEY P. ALLEN, JR.
COMMISSIONER

JONI GOSSER
ADMINISTRATOR

VOLUNTEER APPLICATION

Date _____
Name _____ Phone (Home) _____
Address _____
_____ Zip _____
Cell Phone _____ Email _____
Birth date _____ Day/Time Available _____
Do you have restricted activities? __Yes __No If yes, please explain _____

Why have you chosen to volunteer at the Thomson-Hood Veterans Center? _____

Do you have any special talents or abilities? _____
What are your goals as a volunteer at Thomson-Hood? _____

Please list two references that are not relatives or friends:

	Name	Phone	Relationship	How long
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

IN CASE OF EMERGENCY:

Emergency contact: _____ Phone: _____

Emergency contact: _____ Phone: _____

Hospital of Choice: _____

THVC #801, rev. 2/14, 1/16, 5/16, 4/18, 8/18, 10/18, 11/19, 12/19



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Volunteer Agreement. In applying to be a volunteer at the Thomson-Hood Veterans Center, I understand and agree to accept the following responsibilities:

1. To participate in the volunteer training program;
2. To become familiar with and follow all policies and procedures that apply to a volunteer;
3. To become familiar with and respect resident's rights at all times;
4. To fulfill the commitments I make as a volunteer, as fully as I am able.

Signature: _____ Date: _____

As an agency owned and operated by the Commonwealth of Kentucky, the Thomson-Hood Veterans Center is covered under sovereign immunity and is therefore self-insured by the Commonwealth Board of Claims. Accordingly, any injury or otherwise which you may sustain while volunteering your services for the Thomson-Hood Veterans Center will not be covered under any form of liability insurance held by the Commonwealth of Kentucky. In connection with any such liability claims, you may, however, appeal to the Commonwealth's Board of Claims for Limited Recovery.

I _____ have read the volunteer insurance policy of the Thomson-Hood Veterans Center and agree to abide by the policies of the facility.

Office Use Only

Date of Interview and Orientation: _____

Accepted: Yes _____ No _____

Assignment: _____

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