

**VOLUNTEER AGREEMENT FOR**

**APPROPRIATED FUND ACTIVITIES**       **NONAPPROPRIATED FUND INSTRUMENTALITIES**

**PART I - GENERAL INFORMATION**

<b>1. TYPED NAME OF VOLUNTEER</b> <i>(Last, First, Middle Initial)</i>		<b>2. YEAR OF BIRTH</b>
<b>3. INSTALLATION</b> Fort Benning, GA	<b>4. ORGANIZATION/UNIT WHERE SERVICE OCCURS</b> Directorate of Family, Welfare, Morale, and Recreation	
<b>5. PROGRAM WHERE SERVICE OCCURS</b> Better Opportunity for Single Soldiers (BOSS)	<b>6. ANTICIPATED DAYS OF WEEK</b> varies	<b>7. ANTICIPATED HOURS</b> varies
<b>8. DESCRIPTION OF VOLUNTEER SERVICES</b> BOSS volunteers will assist with a variety of volunteer opportunities both on and off post on an as needed basis for both community service.		

**PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES**

**9. CERTIFICATION**

I expressly agree that my services are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services, tort claims, the Privacy Act, criminal conflicts of interest, and defense of certain suits arising out of legal malpractice. I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services I will be providing.

<b>a. SIGNATURE OF VOLUNTEER</b>		<b>b. DATE SIGNED</b> (YYYYMMDD)
<b>10.a. TYPED NAME OF ACCEPTING OFFICIAL</b> <i>(Last, First, Middle Initial)</i> Al Hakim, Salah	<b>b. SIGNATURE</b>	<b>c. DATE SIGNED</b> (YYYYMMDD)

**PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES**

**11. CERTIFICATION**

I expressly agree that my services are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services and liability for tort claims as specified in 10 U.S.C. Section 1588(d)(2). I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers, and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services that I am offering.

<b>a. SIGNATURE OF VOLUNTEER</b>		<b>b. DATE SIGNED</b> (YYYYMMDD)
<b>12.a. TYPED NAME OF ACCEPTING OFFICIAL</b> <i>(Last, First, Middle Initial)</i>	<b>b. SIGNATURE</b>	<b>c. DATE SIGNED</b> (YYYYMMDD)

**PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR**

<b>13. AMOUNT OF VOLUNTEER TIME DONATED</b>				<b>14. SIGNATURE</b>	<b>15. TERMINATION DATE</b> (YYYYMMDD)
<b>a. YEARS</b> <i>(2,087 hours=1 year)</i>	<b>b. WEEKS</b>	<b>c. DAYS</b>	<b>d. HOURS</b>		
<b>16.a. TYPED NAME OF SUPERVISOR</b> <i>(Last, First, Middle Initial)</i>				<b>b. SIGNATURE</b>	<b>c. DATE SIGNED</b> (YYYYMMDD)

## VOLUNTEER SERVICE RECORD

For use of this form, see AR 608-1; the proponent agency is OACSIM.

### PRIVACY ACT STATEMENT

**AUTHORITY:** 5 USC Section 301, Department Regulations; 10 USC Section 3013, Secretary of the Army; and Army Regulation 608-1, Army Community Service Center.

**PRINCIPAL PURPOSE:** To record essential background information on volunteers to assist in determining qualifications and task assignments. To maintain record of positions held, hours volunteered, training and awards received.

**ROUTINE USES:** None. The "Blanket Routine Uses" set forth at the beginning of the Army's Complications of System of Records Notices apply to this system.

**DISCLOSURE:** Voluntary. However, failure to provide the requested information may exclude you from participating in the Army Community Service Volunteer Program.

**INSTRUCTIONS:** Upon resignation, retirement or transfer, the original of this record will be furnished for the personal file of the volunteer and a duplicate will be maintained at the organization for at least three years. In case of transfer, a duplicate record will be furnished to the gaining organization upon request of the volunteer.

1. NAME OF VOLUNTEER ( <i>Last, First, MI</i> )	2. HOME ADDRESS ( <i>Street, City, State and ZIP Code</i> )
3. EMAIL ADDRESS	5. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
4. TELEPHONE NUMBERS a. HOME b. WORK c. FAX	
7a. SPONSOR NAME	6. DATE OF BIRTH ( <i>YYYYMMDD</i> )
	7b. SPONSOR UNIT ADDRESS

8. Mark all the demographic data that applies to the volunteer. Family members of service members should indicate the branch of service and status of the sponsor.

- |   |                                      |                                    |                               |                                 |
|---|--------------------------------------|------------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> SERVICE MEMBER   | <input type="checkbox"/> ARMY        | <input type="checkbox"/> AIR FORCE | <input type="checkbox"/> NAVY | <input type="checkbox"/> MARINE |
| <input type="checkbox"/> CIVILIAN EMPLOYEE<br><i>(APF and NAF)</i>                  | <input type="checkbox"/> OFFICER     | <input type="checkbox"/> ENLISTED  |                               |                                 |
| <input type="checkbox"/> ADULT FAMILY MEMBER  | <input type="checkbox"/> ACTIVE DUTY | <input type="checkbox"/> RETIRED   |                               |                                 |
| <input type="checkbox"/> YOUTH FAMILY MEMBER<br><i>(Under age 18 and unmarried)</i> | <input type="checkbox"/> RESERVE     | <input type="checkbox"/> GUARD     |                               |                                 |
| <input type="checkbox"/> CIVILIAN <i>(Not connected with the military)</i>          | <input type="checkbox"/> DECEASED    |                                    |                               |                                 |

9. CHILDREN AT HOME <input type="checkbox"/> NONE <input type="checkbox"/> PRESCHOOL <input type="checkbox"/> IN SCHOOL	10. INITIAL COMMITMENT <input type="checkbox"/> ONE DAY EVENT <input type="checkbox"/> ONE MONTH EVENT <input type="checkbox"/> THREE MONTHS <input type="checkbox"/> SIX MONTHS <input type="checkbox"/> NINE MONTHS <input type="checkbox"/> OTHER
11. EDUCATION <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> ADVANCED DEGREE	

12. WORK EXPERIENCE

13. VOLUNTEER EXPERIENCE

