VOLUNTEER AGREEMENT FOR

[X] APPROPRIATED FUND ACTIVITIES [X] NONAPPROPRIATED FUND INSTRUMENTALITIES

PRIVACY ACT STATEMENT

AUTHORITY: Section 1588 of Title 10, U.S. Code, and E.O. 9397.

PRINCIPAL PURPOSE(S): To document voluntary services provided by an individual, including the hours of service performed, and to obtain agreement from the volunteer on the conditions for accepting the performance of voluntary service.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however failure to complete the form may result in an inability to accept voluntary services or an inability to document the type of voluntary services and hours performed.

PART I - GENERAL INFORMATION

1. TYPED NAME OF VOLUNTEER *(Last, First, Middle Initial)*	2. SSN	3. DATE OF BIRTH *(YYYYMMDD)*
	NOT NEEDED	
4. INSTALLATION	5. ORGANIZATION/UNIT WHERE SERVICE OCCURS SCHWEINFURT ES PTA CMR 457 APO AE 09033	
6. PROGRAM WHERE SERVICE OCCURS	7. ANTICIPATED DAYS OF WEEK	8. ANTICIPATED HOURS

9. DESCRIPTION OF VOLUNTEER SERVICES

E-MAIL ADDRESS:
HOME TELEPHONE NUMBER: WORK: HANDY:
DEROS:
CIRCLE ONE:
ACTIVE DUTY (RANK/UNIT): FAMILY MEMBER YOUTH (GRADE): OTHER:

PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES

10. 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.

a. SIGNATURE OF VOLUNTEER		b. DATE SIGNED *(YYYYMMDD)*
11.a. TYPED NAME OF ACCEPTING OFFICIAL *(Last, First, Middle Initial)*	**b. SIGNATURE**	**c. DATE SIGNED** *(YYYYMMDD)*

PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES

12. 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.

a. SIGNATURE OF VOLUNTEER		b. DATE SIGNED *(YYYYMMDD)*
13.a. TYPED NAME OF ACCEPTING OFFICIAL *(Last, First, Middle Initial)*	**b. SIGNATURE**	**c. DATE SIGNED** *(YYYYMMDD)*

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

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