

**NAME OF VOLUNTEER (LAST, FIRST, MI)** \_\_\_\_\_

**ADDRESS (STREET, CITY, STATE, ZIP):** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**CIVILIAN**  (NOT ASSOCIATED WITH MILITARY AT ALL)

**MILITARY / DoD**  **BRANCH OF SERVICE** \_\_\_\_\_

**COACHING/VOLUNTEER EXPERIENCE:**

\_\_\_\_\_

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**COACHING CERTIFICATIONS (IF ANY):** \_\_\_\_\_

**REFERENCES:**

1) **NAME** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

2) **NAME** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**Gratuitous Service Agreement**

I desire to volunteer my services to Child, Youth and School Services at Detroit Arsenal.

I expressly agree that my services will be performed without pay and that I will not, solely because of these services, be considered an employee of the U.S. Government or any instrumentality thereof. I expressly agree that I will neither expect nor demand any present or future salary, wage, or related benefits as payment for gratuitous service. I agree to participate in whatever training may be required in order to perform the gratuitous work for which I am providing.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
DATE

**Self disclosure statement**

Have you ever been arrested for or charged with a sex crime, a crime involving a child, a substance abuse felony or a violent crime?  
Have you ever been asked to resign because of or been decertified for a sexual offense? If so, provide a description of the case  
disposition.    \_\_\_\_\_ YES    \_\_\_\_\_ NO

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
DATE

## 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	
4. TELEPHONE NUMBERS a. HOME b. WORK c. FAX	5. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
6. DATE OF BIRTH <i>(YYYYMMDD)</i>	
7a. SPONSOR NAME	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 <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 <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
11. EDUCATION <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> ADVANCED DEGREE	<input type="checkbox"/> SIX MONTHS <input type="checkbox"/> NINE MONTHS <input type="checkbox"/> OTHER

12. WORK EXPERIENCE

  
  
  
  
  
  
  
  
  
  

13. VOLUNTEER EXPERIENCE

14. SPECIAL SKILLS, INTEREST, HOBBIES

15. POSITIONS HELD

START DATE (YYYYMMDD)	TYPE OF POSITION	END DATE (YYYYMMDD)

16. AWARDS AND SPECIAL RECOGNITION

DATE (YYYYMMDD)	TYPE OF AWARD/SPECIAL RECOGNITION	PRESENTED AT

17. TRAINING

DATE (YYYYMMDD)	TYPE OF TRAINING	HOURS COMPLETED

18. VOLUNTEER ANNUAL HOUR RECORD

YEAR														
HOURS														

19a. SIGNATURE

19b. DATE (YYYYMMDD)

**VOLUNTEER AGREEMENT FOR**

**APPROPRIATED FUND ACTIVITIES**

**NONAPPROPRIATED FUND INSTRUMENTALITIES**

**PART I - GENERAL INFORMATION**

1. TYPED NAME OF VOLUNTEER <i>(Last, First, Middle Initial)</i>		2. YEAR OF BIRTH
3. INSTALLATION	4. ORGANIZATION/UNIT WHERE SERVICE OCCURS	
5. PROGRAM WHERE SERVICE OCCURS	6. ANTICIPATED DAYS OF WEEK	7. ANTICIPATED HOURS
8. DESCRIPTION OF VOLUNTEER SERVICES		

**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.

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

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

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

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

## ADULT VOLUNTEER CODE OF ETHICS

1. I hereby pledge to live up to my duties as a volunteer by following the volunteer code of ethics.
2. I will demonstrate mutual respect towards others.
3. I will follow directions and complete assigned tasks.
4. I will place the emotional and physical well-being of my participants **ahead** of a personal desire to win.
5. I will direct concerns, problems, and suggestions to the appropriate official.
6. I will follow the protocol following the chain of command for child abuse.
7. I will initiate new ideas to enhance and/or expand activities, events, customer service or other aspects of the MWR Program.
8. I will do my best to **organize** plans that are fun and challenging for all my participants.
9. I will **lead by example** in demonstrating **appropriate behavior** and **respectful communication**.
10. I will **not smoke** or **use foul language** while participating in any MWR program.
11. I will adhere to established customer-service standards.
12. I will become familiar with the **objectives of the program** which I am affiliated. I will strive to achieve these objectives and communicate them to my participants and their parents.

VOLUNTEER NAME: \_\_\_\_\_

VOLUNTEER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

DATE: \_\_\_\_\_

DIRECTOR: \_\_\_\_\_