| VOLUNTEER AGREEMENT FOR  |  |  |
|--|--|--|
| APPROPRIATED FUND ACTIVITIES   | NONAPPROPRI  | ATED FUND INSTRUMENTALITIES  |
| PRIVACY ACT STATEMENT  |  |  |
| AUTHORITY: Section 1588 of Title 10, U.S. Code, and E.O. 9397.   |  |  |
| PRINCIPAL PURPOSE(S): To document voluntary obtain agreement from the volunteer on the cond  |  |  |
| ROUTINE USE(S): None.  |  |  |
| <b>DISCLOSURE</b> : 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  | nitial) 2. SSN   | 3. DATE OF BIRTH (YYYYMMDD)  |
| 4. INSTALLATION  | 5. ORGANIZATION/UNI  | T WHERE SERVICE OCCURS   |
| 6. PROGRAM WHERE SERVICE OCCURS  | 7. ANTICIPATED DAYS  | OF WEEK 8. ANTICIPATED HOURS   |
| 9. DESCRIPTION OF VOLUNTEER SERVICES   |  |  |
| PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES  |  |  |
| 10. CERTIFICATION  I expressly agree that my services are being Government or any instrumentality thereof, exceperformance of approved volunteer services, to out of legal malpractice. I expressly agree that for these voluntary services. I agree to be boun participate in any training required by the installation   | pt for certain purposes relating to compensate claims, the Privacy Act, criminal conflicts of am neither entitled to nor expect any presen by the laws and regulations applicable to we tion or unit in order for me to perform the vo | tion for injuries occurring during the interest, and defense of certain suits arising t or future salary, wages, or other benefits pluntary service providers and agree to luntary services that I am offering. I agree to |
| 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 |  |  |
| a. SIGNATURE OF VOLUNTEER  |  | D. DATE SIGNED (TTTTWWIDD)   |
| 13.a. TYPED NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial)   | b. SIGNATURE   | c. DATE SIGNED (YYYYMMDD)  |
|  | T END OF VOLUNTEER'S SERVICE BY  |  |
| a. YEARS (2,087 hours = 1 year) b. WEEKS c. DAYS d. HOURS  | 15. SIGNATURE  | 16. TERMINATION DATE (YYYYMMDD)  |
| 17.a. TYPED NAME OF SUPERVISOR (Last, First, Middle Initial)   | b. SIGNATURE   | c. DATE SIGNED (YYYYMMDD)  |