VOLUNTEER AGREEMENT FOR

☒ **APPROPRIATED FUND ACTIVITIES** ☐ **NONAPPROPRIATED FUND INSTRUMENTALITIES**

PART I - GENERAL INFORMATION

1. TYPED NAME OF VOLUNTEER *(Last, First, Middle Initial)*	**2. YEAR OF BIRTH**
3. INSTALLATION	**4. ORGANIZATION/UNIT WHERE SERVICE OCCURS**
5. PROGRAM WHERE SERVICE OCCURS Servicemember and Family Support-Family Readiness Group Leader	**6. ANTICIPATED DAYS OF WEEK** 1-2
7. ANTICIPATED HOURS 5-10 Mthly	

8. DESCRIPTION OF VOLUNTEER SERVICES

Support the Commander's Family Readiness goals

•Provide overall leadership of the FRG

•Recruit volunteers to serve on the FRG committee

•Schedule, plan, and conduct FRG meetings

•Keep the flow of information going between the Commander, FRSA, committee members, and families

•Act as spokesperson for communicating family members' concerns and ideas to the Commander, FRSA, and BN FRG Leader (if applicable)

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