



BOSS/Brittin Elementary Volunteer Program

Full Name and Rank _____

Social Security Number _____

DOB _____ Male or Female (circle one)

Unit of Assignment _____ FS or HAAF (circle one)

Telephone Number _____

Email _____

1SG Name/Phone Number _____

CDR Name/Phone Number _____

(1SG) Approve/Disapprove _____

(CDR) Approve/Disapprove _____

*Note – Participants must be able to make scheduled days (Wednesdays)

*If you can't make it to your scheduled day, please contact Ms. Dubay

Brittin Elementary School

Soldier Volunteer Form

We are very excited to have you volunteer at Brittin! Please fill out this form and return to Kim Dubay in room B10.

Name: _____

Address: _____

Phone: _____

Email: _____

Unit: _____

Work Phone: _____

Please check which grades/areas you would be most interested in helping in. You may check more than one:

Pre-K _____

Media Center (Library) _____

Kindergarten _____

Art (All grade levels) _____

1st Grade _____

Assisting in the Front Office _____

2nd Grade _____

Assisting in the Warehouse _____

3rd Grade _____

No preference _____

5th Grade _____

6th Grade _____

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 FORT STEWART	4. ORGANIZATION/UNIT WHERE SERVICE OCCURS BRITTIN ELEMENTARY SCHOOL	
5. PROGRAM WHERE SERVICE OCCURS classroom	6. ANTICIPATED DAYS OF WEEK Wednesdays	7. ANTICIPATED HOURS 7:45 - 2:45
8. DESCRIPTION OF VOLUNTEER SERVICES classroom volunteer - assisting the teacher		

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)

DEPARTMENT OF THE ARMY

VOLUNTEER AGREEMENT

I, the undersigned, desire to volunteer my services at Brittin Elementary School located on Fort Stewart in Georgia. I expressly agree that my services are being performed as a volunteer, and expect no present or future salary, wages, or related benefits as payment for these services. I hereby authorize ACS to receive any criminal history information pertaining to me which may be in the files of any state or local criminal agency in Georgia and by the Family Advocacy Central Registry. I acknowledge this as a requirement for my placement as a volunteer.

Typed/Printed Name of Volunteer _____ Address _____

Signature of Volunteer _____ Date _____

Date of Birth _____ SSN _____

PROVOST MARSHAL OFFICE CHECK

CHECK BY: _____
DATE CHECK PERFORMED _____

FINDINGS: _____

**FAMILY ADVOCACY PROGRAM
CENTRAL REGISTRY CHECK**

CHECK BY: _____
DATE CHECK PERFORMED _____

FINDINGS:
CHILD ABUSE: NEG _____ POS _____
SPOUSE ABUSE: NEG _____ POS _____

Submit to Army Community Service, Attn: Family Advocacy Program, Bldg 82, Fort Stewart, Georgia.

Return to DMWR, ACS