

# SKIESUnlimited

Schools of Knowledge, Inspiration, Exploration & Skills

**SKIESUnlimited needs your help!**

**Volunteer Instructors Needed!**

Join the Child, Youth & School Services (CYSS) family as a child/youth Instructor. Schools of Knowledge, Inspiration, Exploration & Skills (SKIES) is looking for caring volunteer instructors for the School of Arts, School of Sports, School of Academics and the School of Life Skills. Our classes serve infants through high school in a wide variety of subjects and interests.

SKIESUnlimited offers a free training program to our incoming faculty that is suitable to use for future employment. A background clearance is required and SKIES will work with Instructors to assist in days and times which are most convenient for the Instructor.

Extracurricular offerings are so very important to our children and youth! Bring your background, education, knowledge and skills to our kids. Ideas for classes include but are not limited to the following: cooking, sewing, scrap-booking, fashion design, cultural dance and dress, conversational foreign languages, fitness, fun with games, woodworking, computer graphics, web page making, robotics, photography, metal work, arts, crafts, automobile repair, bike repair, costumes, make-up and grooming, pet care and reading to name just a few!

Are you currently a MWR/CYSS Flex Employee, possess a unique skill you would like to share and would like more hours?

Contact the SKIESUnlimited Director today!

**Volunteer Instructor Applications—**

may be picked up at any CYSS Site at Fort Stewart or you may email [amber.vega@us.army.mil](mailto:amber.vega@us.army.mil) for more information!

**Volunteer Today; Make a Difference!**



## **Volunteer Instructor Application**

- **Full Name:**
  
- **Address:**
  
- **Daytime Phone Number:**
  
- **Fax Number:**
  
- **Email Address:**
  
- **Class Title:**
  
- **Class Details: (Include skill levels, overview of the possible class, ages, etc...)**
  
  
- **Length of Class: (Include min/hrs and how often)**



(2)

- How long have you been doing the skills to teach this class?
- Please list any education/training/certifications that you have acquired:
- What type of facility, room or space would you need?
- What type of equipment would you require to teach the class?
- Would you need supplies?

**Please be advised that Instructors may need to have a background clearance and/or a TB Test. CYSS training may be a requirement as well at the expense of SKIE-SUnlimited.**

**Email, fax or direct your application to the SKIESUnlimited Director, Amber Vega.**

**Email: [amber.vega@us.army.mil](mailto:amber.vega@us.army.mil)**

**Fax: 912-767-3362**

**Thank you!!**

**VOLUNTEER AGREEMENT FOR**

**APPROPRIATED FUND ACTIVITIES**

**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**

<b>1. TYPED NAME OF VOLUNTEER</b> <i>(Last, First, Middle Initial)</i>		<b>2. SSN</b>	<b>3. DATE OF BIRTH</b> <i>(YYYYMMDD)</i>
<b>4. INSTALLATION</b>		<b>5. ORGANIZATION/UNIT WHERE SERVICE OCCURS</b>	
<b>6. PROGRAM WHERE SERVICE OCCURS</b>		<b>7. ANTICIPATED DAYS OF WEEK</b>	<b>8. ANTICIPATED HOURS</b>
<b>9. DESCRIPTION OF VOLUNTEER SERVICES</b>			

**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.

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

**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.

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

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

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