



VOLUNTEER MANAGEMENT PROGRAM VOLUNTEER REQUEST FORM

Privacy Act Statement

AUTHORITY: 10 U.S.C. 1588, Authority to accept certain voluntary services; 5 U.S.C. 3111 Acceptance of volunteer service; and DoDI 1100.21, Voluntary Services in the Department of Defense.

PRINCIPAL PURPOSE: To acknowledge and document Volunteer Request before a statutory individual is allowed to provide volunteer services.

ROUTINE USES: There are no specific routine uses anticipated for this information; however it may be subject to a number of proper and necessary routine uses that are identified in each of the following systems of record notices (SORN): 1 A0608b DFSC, Personal Affairs: Army Community Service Assistance Files; (2) NM01754-2, DON Family Support Program Volunteers; and (3) F036 AFDP, Family Services Volunteer and Request Record.

DISCLOSURE: Voluntary; however, lack of signed Volunteer Request may limit support.

NAME OF ORGANIZATION: _____

ADDRESS: _____

CITY, STATE, & ZIP CODE: _____

POINT OF CONTACT FOR VOLUNTEERS: _____

POC PHONE NUMBER: _____ POC EMAIL: _____

IS THE ORGANIZATION ON INSTALLATION? ☐ YES ☐ NO

IS THE ORGANIZATION AN ESTABLISHED 501(C)(3) NON-PROFIT? ☐ YES ☐ NO

IS THIS AN ONGOING REQUEST? ☐ YES ☐ NO

NAME OF EVENT OR VOLUNTEER ACTIVITY: _____

ADDRESS OF EVENT/ACTIVITY: _____

DATE/S NEEDED: _____

TIME NEEDED: _____

REGISTRATION LINK IF APPLICABLE: _____

TRANSPORTATION PROVIDED		WILL FOOD BE PROVIDED	
MINIMUM VOLUNTEER AGE		NUMBER OF VOLUNTEERS NEEDED	

VOLUNTEER DUTIES

PLEASE SIGN BELOW TO CONFIRM THAT YOU UNDERSTAND YOUR ORGANIZATION IS RESPONSIBLE FOR ALL RISK ASSESSMENT, TRAINING, SUPERVISION, DEVELOPMENT OF EACH VOLUNTEER POSITION, DUTIES, AND COORDINATING WITH THE INSTALLATION VOLUNTEER COORDINATOR.

ACCEPTING OFFICIAL SIGNATURE: _____ DATE: _____