VOLUNTEER REGISTRATION

OFFICE OF THE INSTALLATION VOLUNTEER COORDINATOR, FORT LEWIS, WASHINGTON

PRIVACY ACT OF 1974

AUTHORITY: Title 10 United States Code, Section 3012/3013.
PRINCIPAL PURPOSE(S): Information will be used to assist in placing volunteers according to skills, abilities, and preferences. Home phone and address will be used to contact individuals for interviews and obtain additional information as needed.
ROUTINE USE(S): None.
DISCLOSURE: Providing the requested information is voluntary; however, failure to provide the information may hinder the Installation Volunteer Coordinator's ability to properly place or contact you for a position.

NAME (PLEASE PRINT)	RANK (MIL VOL)	☐ ADULT ☐ YOUTH UNDER 18

ADDRESS	HOME PHONE
	WORK PHONE

SPOUSE NAME (PLEASE PRINT)	RANK	TITLE

UNIT	UNIT PHONE

WORK EXPERIENCE (PAID OR VOLUNTEER) (CHECK ALL THAT APPLY)

☐ TEACHING ☐ SECRETARY ☐ TYPIST ☐ COMPUTER ☐ CLERK ☐ CRAFTS ☐ OTHER

FOR CHILD AND YOUTH SERVICES AND CHAPEL PROGRAMS ONLY:

The information you on this form will be checked by the following agencies: Law Enforcement Command, Alcohol and Drug Abuse Prevention and Control, MAMC Social Work Services and Criminal Investigation Division.

1. Maiden Name: _____
2. Date of Birth: _____
3. Have you ever been convicted of a crime, other than minor traffic violations within the past 10 years?

   YES ☐ NO ☐ IF YES, describe: _____

4. Have you been criminally charged with any crime related to the mistreatment, abuse, or molestation of a child?

   YES ☐ NO ☐ IF YES, describe: _____

STATEMENT

I understand that the information I provide will be used to conduct background clearance checks in order to meet the requirements in AR 608-10. I certify that all answers given by me to the questions on this application, are to the best of my knowledge are true, and that I have not withheld any pertinent information. I understand that any omission, misrepresentation, or false information submitted in connection with this application may result in denial of a position in, or summary dismissal. I hereby agree that in the course of considering my application, you may make inquiries to ascertain information concerning my background.

DATE:	SIGNATURE:	SOCIAL SECURITY NUMBER:

VOLUNTEER AGREEMENT

For use of this form, see AR 608-1; the proponent agency is DCSPER

I desire to volunteer my services to the _____

Program at _____
(Installation/Community, Unit)

I expressly agree that my services are being performed as a volunteer and that I am not, solely because of these services, an employee of the United States Government or any instrumentality thereof except for certain purposes relating to tort claims and workman's compensation coverage with regard to incidents occurring during the performance of approved volunteer services. I expressly agree that I expect no present or future salary, wages, or related benefits as payment for these volunteer services. I agree to participate in whatever training that may be required in order for me to perform the work for which I am volunteering.

TYPED/PRINTED NAME OF VOLUNTEER:	
SIGNATURE OF VOLUNTEER:	DATE

TYPED/PRINTED NAME OF ACCEPTING OFFICIAL:	
SIGNATURE OF ACCEPTING OFFICIAL:	DATE

DA Form 4712-R, Dec 87 EDITION OF JUL 78 IS OBSOLETE

****** Parental Permission ******

For use of this form, see AR 608-1; the proponent agency is DCSPER

Must be completed by Parent or Guardian for volunteers under 18

I, _____, give my permission for _____
(Name of child)

to volunteer at _____ on _____
(Name of Agency/Activity) (Days(s) of Week)

from _____. I understand that these services are being performed as a volunteer and that he/she is not, solely because of these services, an employee of the United States Government or any instrumentality thereof (except for certain purposes relating to tort claims and workman's compensation coverage with regard to incidents occuring during the performance of approved volunteer service) and will receive no present or future salary, wages, or related benefits as payment for these services.

TYPED/PRINTED NAME OF PARENT OR GUARDIAN:	
SIGNATURE OF PARENT OR GUARDIAN:	DATE

DA Form 5671-R, Dec 87