USAG Bavaria Religious Support Office
Volunteer Background Check Application Packet
PHASE 1

As a Volunteer, you are given the privilege of working with children in US Army Chaplain Corps activities. With this opportunity comes the responsibility to ensure exemplary protection of children. Completing the background check process helps protects children, and it gives you the benefits of legal voluntary status with the US Army, which protects yourself. For a smooth start to your voluntary service, please return this completed application packet to your local Religious Support Office (RSO) Functional Manager at least 30 days prior to desired start date. To complete the process, fingerprinting with MPD and completion of PII PHASE 2 paperwork with an in-person interview are necessary. Please see points of contact listed below to schedule and complete your application.

Utilize the USAG Bavaria RSO homepage for an editable PDF version of these documents:

- ☐ **Section 1 – Two (2) References**
- ☐ **Section 2 – Pre-Screening Interview**
- ☐ **Section 3 – Code of Conduct**
- ☐ **Section 4 – Volunteer Position Description**
- ☐ **Section 5 – Volunteer Agreement (DD FORM 2793)**
- ☐ **Section 6 – Volunteer Service Record (DA FORM 4162)**
- ☐ **Section 7 – Fingerprint Information Worksheet (IMCOM WORKSHEET 28L)**
- ☐ **Section 8 – Child Protection Training**
- ☐ **Section 9 – Create a VMIS Account** https://vmis.armyfamilywebportal.com/

Points of Contact (Functional Managers)

Netzaberg, Garmisch, Tower & Rose Barracks: Mr. Robert M. Auker, robert.m.auker.civ@army.mil

Hohenfels: Mr. Sean G. Forrester, sean.g.forrester.civ@army.mil

v.APR26

ARMY CHAPLAIN CORPS ACTIVITIES
CHILD PROTECTION

PERSONAL REFERENCE FORM

Name of Applicant:	
How long have you known applicant and in what capacity?	

PERSONAL APPRAISAL: *Based on the experience you have with the applicant, indicate by check mark in the appropriate column your evaluation of the following factors.*	OUTSTANDING	BETTER THAN AVERAGE	ADEQUATE	UNSATISFACTORY	INUSFFICIENT OPPORTUNITY TO OBSERVE
DEPENDABILITY: Accepts assigned responsibility and effectively accomplishes duties in an approved manner within time established.	☐	☐	☐	☐	☐
COOPERATION: Team worker; works well with others.	☐	☐	☐	☐	☐
INITIATIVE AND CREATIVENESS: Thinks along original lines and works without detailed instructions or supervision.	☐	☐	☐	☐	☐
SOUND JUDGMENT / ABILITY TO ADAPT UNDER PRESSURE: Demonstrates poise and judgement in adverse or emergency situations.	☐	☐	☐	☐	☐
ADAPTABILITY: Adjusts well to changes in working or living environments.	☐	☐	☐	☐	☐
CONSIDERATION FOR OTHERS: Courteous in daily contacts including attitude toward different races, religions, and nationalities.	☐	☐	☐	☐	☐

CHECK APPLICABLE BOX: *If any answer is "yes" to the following questions; give details under "Remarks".*	YES	NO
Do you have any reason to question this person's loyalty to the United States?	☐	☐
Do you have any knowledge of any behavior, activities, or associations which tend to show that this person is **NOT** reliable, honest, trustworthy, and of good conduct and character?	☐	☐

REMARKS:

PRINTED NAME AND EMAIL ADDRESS OF PERSON PROVIDING REFERENCE:

SIGNATURE AND DATE:

Return to _____ Chaplain's Office, (Phone _____, Email _____)

ARMY CHAPLAIN CORPS ACTIVITIES
CHILD PROTECTION

PERSONAL REFERENCE FORM

Name of Applicant:	
How long have you known applicant and in what capacity?	

PERSONAL APPRAISAL: *Based on the experience you have with the applicant, indicate by check mark in the appropriate column your evaluation of the following factors.*	OUTSTANDING	BETTER THAN AVERAGE	ADEQUATE	UNSATISFACTORY	INUSFFICIENT OPPORTUNITY TO OBSERVE
DEPENDABILITY: Accepts assigned responsibility and effectively accomplishes duties in an approved manner within time established.	☐	☐	☐	☐	☐
COOPERATION: Team worker; works well with others.	☐	☐	☐	☐	☐
INITIATIVE AND CREATIVENESS: Thinks along original lines and works without detailed instructions or supervision.	☐	☐	☐	☐	☐
SOUND JUDGMENT / ABILITY TO ADAPT UNDER PRESSURE: Demonstrates poise and judgement in adverse or emergency situations.	☐	☐	☐	☐	☐
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Do you have any knowledge of any behavior, activities, or associations which tend to show that this person is **NOT** reliable, honest, trustworthy, and of good conduct and character?	☐	☐

REMARKS:

PRINTED NAME AND EMAIL ADDRESS OF PERSON PROVIDING REFERENCE:

SIGNATURE AND DATE:

Return to _____ Chaplain's Office, (Phone _____, Email _____)

ARMY CHAPLAIN CORPS ACTIVITIES
CHILD PROTECTION PRESCREEING INTERVIEW
(OFFICAL DOCUMENT WHEN SIGNED)

☐ VOLUNTEER ☐ MILITARY ☐ CONTRACTOR ☐ CIVILIAN

PART I – GENERAL INFORMATION

1. NAME OF CANDIDATE (Last, First, Initial)

2. INSTALLATION	**3. PROGRAM WHERE SERVICE OCCURS**
USAG Bavaria	Religious Support Operations

4. INTERESTED POSITION(S)

5. RELIGIOUS SUPPORT EMPLOYEE (MIL or CIV) CONDUCTING INTERVIEW (PRINT NAME, RANK, TITLE)

PART II - INTERVIEW

6. **CPR TRAINED?** ☐ **YES** ☐ **NO** **CERTIFICATE DATE:**

7. **FIRST AID TRAINED?** ☐ **YES** ☐ **NO** **CERTIFICATE DATE:**

8. CANDIDATE'S REASON FOR SERVICE AND PREVIOUS EXPERIENCE: (Continue on back if needed.)

9. CANDIDATE'S STRENGTHS FOR WORKING WITH CHILDREN (See CCCPG for definition): (Continue on back if needed.)

10. HOW CANDIDATE HANDLES FRUSTRATION: (Continue on back if needed.)

11. OTHER COMMENTS: (Continue on back if needed.)

PART III SIGNATURES

12. SIGNATURE OF CANDIDATE	**13. DATE**

14. INTERVIEWER: I RECOMMONED THIS PERSON FOR THIS POSITION(S) ☐ **YES** ☐ **NO**

15. SINGNATURE OF INTERVIEWER	**16. DATE**

ARMY CHAPLAIN CORPS ACTIVITIES
Code of Conduct for the Protection of Children

1. The Army Chaplain Corps is committed to ensuring the health, safety, and well-being of the children who participate in Chapel and Chaplain sponsored programs. This code of conduct is annually signed and is issued with annual "Chaplain Corps Child Protection Training."

2. Definitions:

a. Child(ren): A person under 18 years of age, whether a natural child, adopted child, foster child, stepchild, or ward, of a service member or DOD civilian or their spouse. The term also includes an individual of any age who is incapable of self-support because of a mental or physical incapacity and for whom treatment in a medical treatment facility is authorized.

b. Child abuse: Physical or mental injury, sexual abuse or exploitation, or negligent treatment of a child.

3. References: AD 2014-23, AR 165-1, AR 608-1, AR 608-10, AR 608-18, DoDI 1402.5, DoDD 5400.11, DoDI 6060.4,"Chaplain Corps Child Protection Guidance at Chaplain Sponsored Events" (CCCPG)

4. Purpose

a. The goal of chapel child protection is to serve the needs and protect the well-being of children. Army chaplains strive to design and implement programs that protect children from danger, abuse, neglect, or exploitation.

b. Army chapels do not tolerate child abuse in any form.

c. All children have equal rights to protection.

d. Responsibility for the health, safety and wellbeing of children participating in chapel programs rests with every person – employees (military and civilian), volunteers, contractors, and parents.

5. All persons who sign this code will acknowledge the requirements and responsibilities of chapel child protection.

6. All persons who provide service in Army chapels will ensure that:

a. Parents and volunteers are aware there is a chapel child protection policy and can see it on request.

b. All persons who provide service with children have an understanding of what constitutes child abuse and procedures for reporting and prevention.

c. Threats to children are reduced by the following vetting and supervision IAW AD 2014-23:

i. Prescreening appropriate to the position.

ii. Preliminary investigations appropriate to the position.

iii. Complete background checks appropriate to the position.

iv. All chapel volunteers supervised by Army employees.

v. Line of Sight Supervision (LOSS) approved in writing by the commander is IAW AD 2014-23.

d. Children participating in chapel programs are appropriately registered with parental permissions.

e. They refrain from disclosing information (including the use of names, community information, and images) that could be used to identify participating children or their families to unauthorized persons, including the internet. Exceptions are made based on written parental permission and IAW DoDD 5400.11.

f. A minimum of 2 vetted adults are present with children and in compliance with child-adult ratios IAW CCCPG.

g. Bathroom assistance provided to children is only with door ajar and with the child's privacy protected.

h. Written permission will be provided by parents if someone else is taking custody of their child at the end of a chapel program. In no circumstances will custody be given in violation of the Army child supervision policies.

i. Individuals may perform duties without LOSS or the 2 adult rule if interaction with the child: occurs in the presence of the child's parent or guardian; is in a medical facility, subject to the supervisory policies of the facility and in the presence of a mandated reporter of child abuse; or is necessary to prevent the death of or serious harm to the child, and supervision is impractical or infeasible (for example, medical emergency or emergency evacuation of a child from a hazardous location).

j. The adult is always responsible for maintaining an appropriate relationship, even if a child behaves inappropriately. Adults will not place themselves in compromising or vulnerable positions.

k. They contribute to an environment where children are able to recognize unacceptable behavior and feel able to discuss their rights and concerns.

l. Raise concerns about any situation of suspected abuse in accordance with applicable procedures.

7. *I recognize that inappropriate behavior towards children, including failure to follow these stated behavior protocols, policies, and standards may be grounds for disciplinary action, including dismissal from employment (where applicable), termination of volunteer participation, or other appropriate measures under applicable regulations or statutes. This includes inappropriate touch, touch which denies a child's privacy, touch which is in a sexual manner and could be in violation of the laws against sexual assault and child molestation. I have read the above code of conduct and agree to adhere to Army and command requirements.*

_____ _____

Printed Name Signature Date

This code of conduct is signed annually and kept with chapel child protection background check files.

31 July 2016

USAG Bavaria Religious Support Office (RSO)
Religious Education (RE) with minors Teacher/Leader
Volunteer Position Description (PD)

Organization: Religious Support
Position title: Religious Education (RE) with minors - Teacher/Leader
Position type: Statutory Volunteer
Summary: Voluntary services may be accepted from civilian personnel from both the military and civilian communities and from military personnel and their Families. They will perform their service under the direction of the Garrison Chaplain and the supervision of sponsoring Chaplains or Director of Religious Education (DRE) (AR 165-1, 5-6.c).
Duties: * Teach / Lead children and youth under the guidance of the Chaplain * Assist the congregation in building mentoring relationships between adults, youth, and children as a guide and model in faith * Work with the sponsoring Chaplain, RE Leadership, and DRE to plan, prepare and implement children and youth programming * Coordinate with sponsoring Chaplain for needed curriculum, supplies and equipment * Obtain prior approval for teaching materials from sponsoring Chaplain and/or DRE * Maintain RSO / Chapel property according to SOP and room guidelines * Protect confidentiality and Personal Identifiable Information (PII) if encountered * Maintain the two-adult (cleared Volunteer) rule
Qualifications: * Be an active participant in RSO programing and worship services * Obtain a childcare suitability background check, ICW Army standards, before providing services * Complete Child Protection Training annually * Wear corresponding volunteer name tag and lanyard * Attend RSO / Chapel sponsored Volunteer training * Statutory volunteers may not fill a vacant civil service or military position, or a position that could be a potential conflict with other unit/organization positions * Register in VMIS as a Chapel Volunteer and maintain a record of hours served * Adhere to safety policies and do not perform duties that render them unusually susceptible to injury or causing injury to others * Sign a Volunteer Agreement (DD Form 2793) and if a minor, Parent Permission (DA Form 5671).
Training: * Chapel Volunteer Orientation * Annual Child Protection Training * RSO sponsored training * Use of a government vehicle is not authorized
Orientation: Multiple chapel locations, Sponsoring Chaplain, RE Leadership, DRE
Time Requirement: 4-5 hours per week. This includes scheduled program times, preparation as well as travel to / from venue.
Evaluation: If the Garrison Chaplain or DRE determines the Volunteer does not comply with requirements, the Volunteer will be removed from service (AR 608-1, 5-7).
Benefits: Chapel programs are designed to build spiritual resilience contributing to Readiness of Soldiers & Families. Leaders obtain personal growth, professional development & social connections.
Supervisor: Sponsoring Chaplain, RSO Staff, DRE
Contact Person: Sponsoring Chaplain or DRE

CUI when filled

VOLUNTEER AGREEMENT FOR

☑ APPROPRIATED FUND ACTIVITIES ☐ NONAPPROPRIATED FUND INSTRUMENTALITIES

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 PURPOSES(S): To acknowledge and document Volunteer Agreement for Appropriated Fund Activities or Nonappropriated Fund Instrumentalities 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 records notices: (1) A0608b DFSC, Personal Affairs: Army Community Service Assistance Files (at http://dpcld.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/); (2) NM01754-2, DON Family Support Program Volunteers (at http://dpcld.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570427/nm01754-2/); and (3) F036 AFDPC, Family Services Volunteer and Request Record (at http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569815/f036-af-dp-c/).
DISCLOSURE: Voluntary; however, lack of a signed Volunteer Agreement will limit Government support and eliminate certain benefits to individuals donating voluntary services to Appropriated Fund Activities and Nonappropriated Fund Instrumentalities.

PART 1 - GENERAL INFORMATION

1. NAME OF VOLUNTEER *(Last, First, Middle Initial)*	2. NAME OF PARENT/GUARDIAN *(If volunteer is under age 18) (Last, First Middle Initial)*	3. VOLUNTEER IS *(Select one)*
		☐ AGE 18 OR OVER ☐ UNDER AGE 18

4. TELEPHONE NUMBER *(Include Area Code)*	5. E-MAIL ADDRESS

PART II - VOLUNTEER ASSIGNMENT *(to be completed by Accepting Official)*

6. INSTALLATION/COMPONENT ACTIVITY	7. ORGANIZATION/UNIT WHERE SERVICE OCCURS	8. PROGRAM WHERE SERVICE OCCURS	9. ANTICIPATED DAYS OF WEEK	10. ANTICIPATED HOURS
USAG Bavaria	Religious Support Operations	RSO Activity		

11. DESCRIPTION OF VOLUNTEER SERVICES

Assist with the free exercise of religion. **Sponsoring Chaplain:**

See position description (PD) for specific information. **PD provided by & date:**

PART III - VOLUNTEER CERTIFICATION

12. CERTIFICATION

I expressly agree that my services (or those of my minor child) 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, to participate in any training required to perform assigned voluntary duties, and to follow all installation, unit and organization rules and procedures applicable to the voluntary services I (or my minor child) will be providing.

a. SIGNATURE OF VOLUNTEER	b. SIGNATURE OF PARENT/GUARDIAN *(if volunteer is under age 18)*	c. DATE SIGNED *(YYYYMMDD)*

13.a. 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 AND SIGNED BY VOLUNTEER

14. AMOUNT OF VOLUNTEER TIME DONATED	a. YEARS. *(2,087 hours = 1 year)*	b. WEEKS	c. DAYS	d. HOURS	15. SERVICE END DATE *(YYYYMMDD)*

16.a. VOLUNTEER SIGNATURE	b. PARENT/GUARDIAN SIGNATURE *(If volunteer is under age 18)*	17.a. NAME OF SUPERVISOR *(Last, First, Middle Initial)*	b. SUPERVISOR'S SIGNATURE	c. DATE SIGNED *(YYYYMMDD)*

VOLUNTEER SERVICE RECORD

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

PRIVACY ACT STATEMENT

AUTHORITY:	5 USC Section 301, Department Regulations; 10 USC Section 3013, Secretary of the Army; and Army Regulation 608-1, Army Community Service Center.
PRINCIPAL PURPOSE:	To record essential background information on volunteers to assist in determining qualifications and task assignments. To maintain record of positions held, hours volunteered, training and awards received.
ROUTINE USES:	None. The "Blanket Routine Uses" set forth at the beginning of the Army's Complications of System of Records Notices apply to this system.
DISCLOSURE:	Voluntary. However, failure to provide the requested information may exclude you from participating in the Army Community Service Volunteer Program.

INSTRUCTIONS: Upon resignation, retirement or transfer, the original of this record will be furnished for the personal file of the volunteer and a duplicate will be maintained at the organization for at least three years. In case of transfer, a duplicate record will be furnished to the gaining organization upon request of the volunteer.

1. NAME OF VOLUNTEER *(Last, First, MI)*

2. HOME ADDRESS *(Street, City, State and ZIP Code)*

3. EMAIL ADDRESS

4. TELEPHONE NUMBERS
   a. HOME
   b. WORK
   c. FAX

5. SEX ☐ MALE ☐ FEMALE

6. DATE OF BIRTH *(YYYYMMDD)*

7a. SPONSOR NAME

7b. SPONSOR UNIT ADDRESS

8. Mark all the demographic data that applies to the volunteer. Family members of service members should indicate the branch of service and status of the sponsor.

☐ SERVICE MEMBER	☐ ARMY	☐ AIR FORCE	☐ NAVY	☐ MARINE	
☐ CIVILIAN EMPLOYEE *(APF and NAF)*	☐ OFFICER	☐ ENLISTED			
☐ ADULT FAMILY MEMBER	☐ ACTIVE DUTY	☐ RETIRED			
☐ YOUTH FAMILY MEMBER *(Under age 18 and unmarried)*	☐ RESERVE	☐ GUARD			
☐ CIVILIAN *(Not connected with the military)*	☐ DECEASED				

9. CHILDREN AT HOME
☐ NONE ☐ PRESCHOOL ☐ IN SCHOOL

10. INITIAL COMMITMENT
☐ ONE DAY EVENT ☐ ONE MONTH EVENT ☐ THREE MONTHS
☐ SIX MONTHS ☐ NINE MONTHS ☐ OTHER

11. EDUCATION
☐ HIGH SCHOOL ☐ COLLEGE ☐ ADVANCED DEGREE

12. WORK EXPERIENCE

13. VOLUNTEER EXPERIENCE

14. SPECIAL SKILLS, INTEREST, HOBBIES	

15. POSITIONS HELD

START DATE *(YYYYMMDD)*	TYPE OF POSITION	END DATE *(YYYYMMDD)*

16. AWARDS AND SPECIAL RECOGNITION

DATE *(YYYYMMDD)*	TYPE OF AWARD/SPECIAL RECOGNITION	PRESENTED AT

17. TRAINING

DATE *(YYYYMMDD)*	TYPE OF TRAINING	HOURS COMPLETED

18. VOLUNTEER ANNUAL HOUR RECORD

YEAR													
HOURS													

19a. SIGNATURE		19b. DATE *(YYYYMMDD)*	

Fingerprint Information Worksheet

SECTION I - GARRISON INFORMATION AND INSTRUCTIONS

This Worksheet is to be used **ONLY** for live scan fingerprint submissions IAW CTO Tasking Number: T19-037 for the following categories: **volunteers, short duration contractors and "OTHERS"** MUST have fingerprints completed prior to submitting work order ticket.

This document is intended to help you obtain your child services background check fingerprints in the most expedient manner possible. You must present this form to the fingerprinting POC to be fingerprinted. Contact the Fingerprint POC listed below to schedule your appointment as soon as possible.

Special Instructions:	Appointment ONLY made via email. Please bring something to confirm your SSN. No other persons are allowed in the fingerprinting office other than the subject being fingerprinted, no exceptions
Driving directions:	Soldier Support Center, Building 244, room 120.1 on the first floor. It is near Gate 3 by the McDonalds entrance to Tower Barracks

HOURS OF OPERATION	PHONE NUMBER	ADDRESS
M-W:0830-1130/1300-1500 Th:0830-1130	(49) 09641-70-526-4413	Soldier Support Center, Building 244, room 120.1

CONTACT INFORMATION FOR FINGERPRINTING POC

GARRISON	NAME	PHONE	EMAIL ADDRESS
Bavaria-Grafenwoehr	Francisco Resendiz	(49) 09641-70-526-4413	usarmy.bavaria.id-europe.list.dptms-fingerprinting@army.mil
Bavaria-Grafenwoehr	Oliver Herrera	(49) 09641-70-526-4413	usarmy.bavaria.id-europe.list.dptms-fingerprinting@army.mil

SECTION II - SUBJECT'S INFORMATION

LAST NAME	FIRST NAME	MI

SECTION III - FUNCTIONAL MANAGER OR REQUESTING OFFICIAL INFORMATION

GARRISON	NAME	PHONE	EMAIL ADDRESS
USAG Bavaria	Mr. Robert M. Auker	314-569-7071	robert.m.auker.civ@army.mil
USAG Bavaria	Mr. Sean G. Forrester	314-522-4129	sean.g.forrester.civ@army.mil

SECTION IV - FINGERPRINT REQUIREMENT INFORMATION

FUNCTIONAL MANAGER SIGNATURE
DATE

This Form can ONLY be used by Functional Managers when submitting a Background Request for Categories requiring LIVE SCAN Fingerprints IAW CTO Tasking Number: T19-037 (ie. volunteers, short duration contractors and "OTHERS")

**************NOT VALID FOR ANY OTHER CATEGORIES****************

FINGER PRINT REQUIREMENT

FINGERPRINT	SON	SOI	ALC
Live Scan ONLY	Z227	Z256	21008711

SECTION VI - FINGERPRINTING POC AGENCY USE ONLY *(Return via email to Requestor)*

PRINTED NAME	SIGNATURE	DATE COMPLETED

HOW TO GUIDE for USAG BAVARIA Volunteers
Volunteer Management Information System (VMIS)

Open your internet browser & go to www.vmis.armyfamilywebportal.com

REGISTER (for 1st time users):

1. Click on "**Register**" (center right of screen).
2. Complete registration information (Email & Password).
3. Verify information & then click "**Register**".
4. Screen will show "Thank you for signing up" (which will trigger an email to be sent).
5. Verify your email, return to the AFWP portal and update your Profile by logging in. Here you may connect a CAC. It is important to setup the Profile at AFWP. Enter Name, DOB, and select the proper community for your volunteer service: **Garmisch, Grafenwoehr, Hohenfels, or Vilseck**. Select one location. You must then select a disposition: Service Member, Family Member, DoD Civilian, Retiree, etc. Finally – SAVE.

ACCESS VMIS, go to https://vmis.armyfamilywebportal.com (this link is at top left corner of AFWP)**:**

1. Click on "**Log In**".
2. Enter in your Email & Password. This should open up VMIS at the "Dashboard".

APPLY FOR VOLUNTEER POSITION (Once Registered or Logged In)

1. First, complete the VMIS Profile on right side, by adding contact information and preferences.
2. Under "Volunteer" (on the left hand side), Click "**Opportunities**".
3. Click the "**Filter**" button. First confirm your "Community" as selected in your profile. Then under "**Organization Group**" select "**All**". Our "**Organization**" is "**Religious Support**".
4. You will now see a list of Religious Support Office (RSO) Volunteer Positions Description (PD) available for your to choose. If you are unsure about the position, please contact your Organizational Point of Contact (OPOC).
5. Select a position you are interested in and review the PD; you may print if desired.
6. If you want to apply, simply click "**Apply**".
7. After you click "**Apply**", the "**Volunteer Application**" will appear. Verify your information and submit.
8. Afterwards a message will pop up saying "**Application Received**".
9. A notification will be sent to the OPOC, and they will approve so you may begin logging hours. You may review the status under "**Applications**" on Dashboard.

LOGGING HOURS

1. Click on "**Service Log**" under the "**Volunteer**" section.
2. Here a calendar along with all of the positions you applied (& were approved for) will appear.
3. Select under "**Position**" which Organization you will record volunteer hours; you may have more than one.
4. To input hours for the current month, find the correct date and double click on it.
5. "**Enter Daily Hours**" will pop up, enter in your hours and a description (if applicable) or attachments

   OR
6. To input hours in a lump sum for an entire month, select "**Period Hours**" (above the calendar on the left side)
7. "**Enter Period Hours**" will pop up, enter in your hours and a description (if applicable) or attachments.
8. Click "**Submit**" and a notification will be sent to the OPOC for approval.

Organization POCs: Mr. Robert Auker DSN 314-569-7071 Netzaberg, Garmisch, Tower & Rose Barracks
Mr. Sean Forrester DSN 314-522-4129 Hohenfels

Updated 15SEP25