

# RSO Background Check - Volunteer Application

First Name:	Middle Name:	Last Name:
Suffix:	Maiden Name:	D.O.B (yyyymmdd) SSN:
Birth City:	Birth State:	Birth Country:
E-Mail:	Phone:	Branch: Rank:
U.S. Citizen:	Street Address:	City:
State:	Zip Code:	Country:
Personnel Category:	Request Type:	Position Nexus: If volunteer, please leave N/A
Garrison:	Installation:	Position:
Name of Parent/Guardian if under 18:		
Have you completed an Army Child Suitability Check within the last 5 years:		
If yes, which Garrison:	Approximate Year of Background Check:	
I need Installation access because I do not have a Military ID:		
Name of Chapel service, program, or NFE:		
Program day of the week:	Program time:	Anticipated Start Date:
Reference Name:	Reference Phone Number:	Reference E-Mail:
Reference Name:	Reference Phone Number:	Reference E-Mail:

## Privacy Act Statement

AUTHORITY: Army Directive 2014-23

PRINCIPAL PURPOSES: To initiate the Installation Religious Support Office / Chapel Background Check Application Process for Volunteers.

ROUTINE USES: The information gathered in this process will be used to provide initial screening and assessment to determine if you will be accepted to work with children. This form and corresponding documentation, including the decision of the approving authority, will be used by appropriate Federal agencies and State and local governmental activities under routine use that will be compatible with the purpose(s) for which the information is collected and maintained. All Personally Identifiable Information (PII) will be handled per Military Regulation and will be maintained in the properly secured file safe.

DISCLOSURE: Voluntary, but failure to provide the requisite information may result in not being approved to work with children under age 18.

# FMgr Background Check Request (BCR) Checklist

**Contractors (Regular/Recurring), Volunteers, Short  
Duration Contractors, "OTHERs", Military**

**For non-U.S. Citizen applicants, refer to IMCOM 30A HN/FN/3CFN**

Applicant: \_\_\_\_\_

Initial and Reverification Document Requirements	
<input type="checkbox"/> <b>IMCOM Worksheet 30A</b> (1JUL24)	<input type="checkbox"/> <b>DA Form 5018</b> (SEP23, CSSC template required)
<input type="checkbox"/> <b>IMCOM Form 30</b> (1MAY22)	<input type="checkbox"/> <b>DD Form 2981</b> (DEC21)

Additional Document Requirements		
<input type="checkbox"/> <b>Contractors</b>		
<input type="checkbox"/> <b>Initial</b>	<input type="checkbox"/> <b>5-Year Reverification</b>	<input type="checkbox"/> <b>Transfer</b>
<input type="checkbox"/> IMCOM Worksheet 29 (1JUL24)	<input type="checkbox"/> IMCOM Worksheet 29 (1JUL24)	<input type="checkbox"/> IMCOM Form 30 (1MAY22)
<input type="checkbox"/> OF-306 (rev. AUG23)		<input type="checkbox"/> IMCOM Worksheet 30A (1JUL24)
<input type="checkbox"/> Reference Check(s) – Only submit if reference is derogatory		<input type="checkbox"/> Authorization- Release previously completed background checks from <b>non-CDE entity (if applicable)</b>
<input type="checkbox"/> Proof of citizenship		<input type="checkbox"/> Current Resume
<input type="checkbox"/> Resume/Application		<input type="checkbox"/> Position Description
<input type="checkbox"/> Position Description		<b>Required for Transfers:</b>
		<input type="checkbox"/> I confirm that I have validated with the losing program/garrison that the applicant was in good standing and there are no actionable issues that would impact their childcare suitability.
<input type="checkbox"/> <b>Volunteers, Short Duration Contractors, "Other"</b>		
<input type="checkbox"/> <b>Initial</b>	<input type="checkbox"/> <b>5-Year Reverification</b>	<input type="checkbox"/> <b>Transfer</b>
<input type="checkbox"/> IMCOM Worksheet 28L (1MAY21)	<input type="checkbox"/> IMCOM Worksheet 28L (1MAY21)	<input type="checkbox"/> IMCOM Form 30 (1MAY22)
<input type="checkbox"/> Resume/Application		<input type="checkbox"/> IMCOM Worksheet 30A (1JUL24)
<input type="checkbox"/> Position Description		<input type="checkbox"/> Authorization- Release previously completed background checks from <b>non-CDE entity (if applicable)</b>
<input type="checkbox"/> Reference Check(s) – Only submit if reference is derogatory		<input type="checkbox"/> Resume/Application
		<input type="checkbox"/> Position Description
		<b>Required for Transfers:</b>
		<input type="checkbox"/> I confirm that I have validated with the losing program/garrison that the applicant was in good standing and there are no actionable issues that would impact their childcare suitability.
<input type="checkbox"/> <b>Military</b>		
<input type="checkbox"/> <b>Initial</b>	<input type="checkbox"/> <b>5-Year Reverification</b>	<input type="checkbox"/> <b>Transfer</b>
<input type="checkbox"/> IMCOM Worksheet 29 (1JUL24)	<input type="checkbox"/> IMCOM Worksheet 29 (1JUL24)	<input type="checkbox"/> IMCOM Form 30 (1MAY22)
<input type="checkbox"/> Summary of Child Services Duties		<input type="checkbox"/> IMCOM Worksheet 30A (1JUL24)
		<input type="checkbox"/> Summary of Child Services Duties
		<b>Required for Transfers:</b>
		<input type="checkbox"/> I confirm that I have validated with the losing program/garrison that the applicant was in good standing and there are no actionable issues that would impact their childcare suitability.

**REVERIFICATION CASES ONLY:** If the applicant's previous child background request was not processed through DAG1 CSSC, the following legacy documents must be provided (as applicable): Position Description/Summary of Child Services Duties, Resume/Application, OF 306 (original), Previous PRB Documents (CRESR Printout, Tab A, Tab C, Ta bI, 26A, 26B, Other PRB paperwork approved by GC (Tab K)).

## INSTALLATION MANAGEMENT COMMAND (IMCOM) BACKGROUND CHECK REQUEST (BCR) FORM

For personnel in child services positions supporting Army programs and activities IAW Army Directive 2014-23 and DODI 1402.05

### PRIVACY ACT STATEMENT

**AUTHORITY:** 34 USC 20351 and 10 USC 3013, Public Law 101-647, Section 231 (Crime Control Act of 1990); DODI 1402.05, Background Checks on Individualism DoD Child Care Services Programs, 11 Sep 2015, Army Directive 2014-23 (Conduct of Screening and Background Checks For Individuals Who Have Regular Contact With Children in Army Programs), DODI 6060.02 (Child Development Programs (CDPs), 5 Aug 2014), DODI 6060.4 (DoD Youth Programs (YPs), 23 Aug 2004), DoDI 1100.21, Voluntary Services in the Department of Defense, DODI 1400.25, Volume 731 DoD Civilian Personnel Management System: Suitability and Fitness Adjudication For Civilian Employees, 24 Aug 2012, DoD Instruction 1400.25, Subchapter 1403 (DoD Civilian Personnel Manual: Employment), 1 Dec 1996, Incorporating Change 5, 25 Mar 2000, DoD Instruction 1400.25, Volume 1231 DoD /Civilian Personnel Management System: Employment of Foreign Nationals; and E.O. 9397(SSN), as amended, AR 608-18, The Army Family Advocacy.

**PURPOSE:** To assess the suitability of persons and to determine the loyalty, eligibility, and general trustworthiness of individuals working in child (i.e., children under 18 years of age) services positions.

**ROUTINE USE:** The DoD "Blanket Routine Users" set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.

**DISCLOSURES:** Voluntary; however, failure to furnish all requested information will result in disapproval of the child services application or continued service in child services position.

### SECTION I- APPLICANT PROVIDED INFORMATION

SSN:	Prefix or Rank:	Last Name:	First Name:	Middle Name:	Maiden Name:
Postfix or Suffix:	Date of Birth:	Birth Country:	Birth State:	Birth City:	
Primary Email:		Secondary Email:	Primary Phone:		Secondary Phone:
Current Street Address:		Current City:	Current State:	Current Country:	Current Zip Code:

### SECTION II- REQUEST TYPE

Personnel Category:	Request Type:	Position Nexus:	Anticipated Start Date:
Functional Area: RSO	Special Focus Program:	Employment Location:	Employment Position:

### SECTION III- REQUESTING OFFICE INFORMATION (Requesters cannot submit BCR for themselves or supervisory chain of command)

Requester Name:	Requester Telephone:	Requester Email:
Alternate Name:	Alternate Telephone:	Alternate Email:
Garrison:	Installation:	Directorate/Organization: RSO

### SECTION IV- TRANSFER SECTION (must be completed when transfer is selected)

Approximate Year Background Check Completed:	Completed by:	Name of Losing Garrison/Installation:	POC Email:
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### SECTION V- VOLUNTEERS, CONTRACTORS (SHORT DURATION) AND OTHER CATEGORIES (FINGERPRINTS)

Date fingerprint completed :	Date hard copy mailed (when LIVESCAN is down):	Method of delivery:	Tracking number:
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### SECTION VI- CENTRALIZED CONTRACT (only required for Contract Companies that submit fingerprints)

Date fingerprint completed :	Date hard copy mailed:	Method of delivery:	Tracking number:
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### SECTION VII- FAMILY CHILD CARE/EMERGENCY PLACEMENT CARE

All household members ages 12 and up must be listed on this form, even if they are not due for a CSBC re-verification. For each person listed below requiring initial or re-verification, refer to IMCOM Worksheet 30A for required documents.

Category:	Name:	SSN #:	Birth Date:	Birth Place:
Category:	Name:	SSN #:	Birth Date:	Birth Place:
Category:	Name:	SSN #:	Birth Date:	Birth Place:
Category:	Name:	SSN #:	Birth Date:	Birth Place:

**Remarks Section-** Please note any special requests (i.e. Additional "supervisors" for PSIP requests, additional POCs, or information to assist with the processing of the BCR)

Name and signature of Functional Manager:	Date Submitted:
CDE Received (Name and Signature):	Date Received:

**BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION**  
 (Department of Defense Child Care Services Programs)

OMB No. 0704-0516  
 OMB approval expires:  
 20241031

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 34 U.S.C 20351, Child Care Worker Employee Background Checks Requirements for Background Checks; Public Law 115-91, Section 925, (NDAA for FY2018) Background and Security Investigations for Department of Defense Personnel (10 U.S.C. 1564 note); 5 U.S.C. 9101, Access to Criminal History Records for National Security and Other Purposes; Executive Order 10450 Security Requirements for Government Employees; DoD Instruction 1402.05, Background Checks on Individuals in DoD Child Care Services Programs; DoD Manual 1402.05, Background Checks on Individuals in Department of Defense Child Development and Youth Programs.

**PRINCIPAL PURPOSE(S):** To collect criminal history information of DoD personnel or contractors seeking to work with children in DoD child care services programs. Information received may be used to assess preliminary interim, on-going, or final suitability/fitness of DoD personnel or contractors working with children in these programs.

**ROUTINE USES:** In addition to those disclosures generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, these records may specifically be disclosed outside of DoD pursuant to 552a(b)(3), including as follows: To designated officers and employees of Federal, State, local, territorial, tribal, international, or foreign agencies, or other public authorities, or to other offices or establishments in the executive, legislative, or judicial branches of the Federal Government, in connection with the hiring or retention of an employee, the conduct of a suitability, credentialing, or security investigation, the classifying of jobs, the letting of a contract, or the issuance of a license, grant or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter and the Department deems appropriate; to the appropriate Federal, State, local, territorial, tribal, foreign, or international law enforcement authority or other appropriate entity where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law.

A complete list of routine uses may be found in the applicable System of Records Notice (SORN), DUSDI-02 DoD, Personnel Vetting Records System, at <https://dpcld.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DUSDI-02-DoD.pdf>

**DISCLOSURE:** Voluntary. However, failure to provide all requested information may result in an unfavorable adjudication or determination regarding suitability or fitness to work with children.

<b>1. NAME</b> (Last, First, and Middle Name) (Do not use initials or abridgements.)	<b>2. OTHER NAME(S) USED</b>	
<b>3. DATE OF BIRTH</b> (YYYYMMDD)	<b>4. INSTALLATION/PROGRAM NAME</b>	<b>5. DATE OF HIRE</b> (YYYYMMDD)

**6. Have you EVER been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law or Municipal law? (Do not include traffic fines of less than \$300.)** In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category. For any YES answers, complete columns 1-6 and provide a complete summary of the incident on page 2, block 9. Summary should include any disposition or potential mitigating information.

CHILD ABUSE/ NEGLECT:	<input type="checkbox"/> Yes <input type="checkbox"/> No	DRUG OR ALCOHOL:	<input type="checkbox"/> Yes <input type="checkbox"/> No	VIOLENT CRIME/ ASSAULTIVE BEHAVIOR:	<input type="checkbox"/> Yes <input type="checkbox"/> No
SEX CRIME:	<input type="checkbox"/> Yes <input type="checkbox"/> No	DOMESTIC VIOLENCE:	<input type="checkbox"/> Yes <input type="checkbox"/> No	OTHER:	<input type="checkbox"/> Yes <input type="checkbox"/> No

(a) Month/ Year(MM/YYYY)	(b) Offense	(c) Action Taken	(d) Court or Law Enforcement Agency (City & Country if outside the United States)	(e) State	(f) Zip Code	(g) Date of Self- Report(YYYYMMDD)

**7. I certify that the information provided above is accurate. I understand that I must immediately report to my employer/supervisor or Child and Youth Program representative if I am apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law referenced in block 6. In addition, I will immediately report when I am aware of a current allegation/investigation of child abuse/neglect or domestic violence, or have otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category.**

<b>a. SIGNATURE</b>	<b>b. DATE</b> (YYYYMMDD)
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**8. ANNUAL CERTIFICATIONS** (Required by Child Development and Youth Program Staff and Volunteers. Certify for the most year recent only.)  
 In the past year, have you been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category.

**Failure to disclose accurate information may be grounds for dismissal, termination, or debarment from participating in the program.**

<b>a. 2nd YEAR</b> (Yes or No)	<b>(1) SIGNATURE</b>	<b>(2) DATE</b> (YYYYMMDD)	<b>b. 3rd YEAR</b> (Yes or No)	<b>(1) SIGNATURE</b>	<b>(2) DATE</b> (YYYYMMDD)
<b>c. 4th YEAR</b> (Yes or No)	<b>(1) SIGNATURE</b>	<b>(2) DATE</b> (YYYYMMDD)	<b>d. 5th YEAR</b> (Yes or No)	<b>(1) SIGNATURE</b>	<b>(2) DATE</b> (YYYYMMDD)

**Failure to provide information may result in an unfavorable adjudication decision.**

**BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION  
(Department of Defense Child Care Services Programs)**

**9. NOTES** (Use this space to enter additional comments.)

**10. AUTHORIZATION AND RELEASE CERTIFICATION**

I hereby authorize the Department of Defense and other authorized federal agencies to obtain any information required from the Federal government, state agencies, and/or foreign governments, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Counterintelligence and Security Agency (DCSA), the U.S. Office of Personnel Management (OPM), the Department of Homeland Security (DHS), (if applicable), and from the State Criminal History Repository for each state where I have resided. This authorization is valid for one year from the date this form was signed or until termination of my affiliation with the Federal Government, whichever is sooner.

I have been notified of any employer's or Agency's right to require a criminal history records check as a condition of employment, or affiliation with DoD Child Care Services Programs. I understand that I may request a copy of such records as may be available to me under the law. I understand that I have a right to challenge the accuracy and completeness of any information contained in the criminal history records check report. I also understand that pursuant to the Privacy Act, the information collected will be safeguarded, including for the purpose of conducting the background check.

I release any individual, including records custodians, any component of the United States Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of good-faith compliance, or any good-faith attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

I declare under penalty of perjury that the statements made by me on this form are true, complete and correct. In addition to the annual certification, I understand that it is my responsibility to immediately inform my employer/supervisor or Child and Youth Programs representative if I am apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law with a crime referenced in block 6. (Do not include traffic fines of less than \$300.). In addition, I will immediately report when I am aware of a current allegation/investigation of child abuse/neglect or domestic violence, or have otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category. I also understand that if I am a family child care provider that I will make the same report for the same offenses for members in my household.

**WARNING:** False statements are punishable by law and could result in fines and/or imprisonment for up to five years.

**a. SIGNATURE**

**b. DATE SIGNED (YYYYMMDD)**

**11. PARENT CONSENT FOR MINORS:**

If the applicant is a minor, a Parent or Legal Guardian must grant permission below for the background checks. The Parent/Legal Guardian is certifying they understand the purposes of these checks and hereby provide consent for the background checks.

**a. SIGNATURE OF PARENT/GUARDIAN** (if under age 18)

**b. DATE SIGNED (YYYYMMDD)**

**ASAP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION**

For use of this form, see AR 600-85; the proponent agency is DCS, G-1.

**SECTION A - CONSENT**

I, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

*(Client's Full Name)*

do hereby voluntarily consent to the release of the following information by \_\_\_\_\_  
*(Name of Installation ASAP)*

pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with alcohol or other drug abuse education, training, treatment, rehabilitation, or research to Child/Youth Svcs Suitability Prog \_\_\_\_\_ for the purpose of completing a background check requirement in accordance with Department of Defense Instruction 1402.05 and Army Directive 2014-23.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ namely,  
  
\*\*\* see above\*\*\*  
*(extent or nature of information to be disclosed)*

**SECTION B - EXPIRATION / REVOCATION**  
*(Check applicable paragraph)*

1.  I understand that this consent automatically expires when the above disclosure action has been taken in reliance thereon and that, except to the extent that such action has been taken, I can revoke this consent at any time.

- Or -

*(For disclosure to civilian criminal justice officials under the provisions of paragraphs 10-22 and 10-27, AR 600-85)*

2.  I understand that this consent automatically expires 60 days from today's date or when my present criminal justice system status changes to \_\_\_\_\_

Further, I understand that if my release from confinement, probation, or parole is conditioned upon my participation in the ASAP, I cannot revoke this consent until there has been a formal and effective termination or revocation of my release from such confinement, probation, or parole.

<b>SIGNATURE OF CLIENT</b>		<b>DATE</b>
NAME OF WITNESS <i>(Type or print)</i>	SIGNATURE	DATE

**SECTION C - APPROVAL AUTHORITY FOR RELEASE OF INFORMATION**

**NOTE:** Other than the MEDCEN/MEDDAC/DHA Commander, approval authority for release of information may be delegated to the Program Physician or the Clinical Director.

In my judgment, the release of an evaluation of the present or past status of \_\_\_\_\_  
*(Client's Name)*  
in the alcohol or other drug treatment and rehabilitation program will not be harmful to him/her.

NAME OF MEDCEN/MEDDAC/DHA Commander OR DESIGNATED REPRESENTATIVE <i>(Type or print)</i>	
SIGNATURE	DATE

## 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://dpcl.d.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/>); (2) NM01754-2, DON Family Support Program Volunteers (at <http://dpcl.d.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://dpcl.d.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) <input type="checkbox"/> AGE 18 OR OVER <input type="checkbox"/> 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
	RSO			

11. DESCRIPTION OF VOLUNTEER SERVICES   
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## 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)	