

VOLUNTEER AGREEMENT FOR

APPROPRIATED FUND ACTIVITIES

NONAPPROPRIATED FUND INSTRUMENTALITIES

PART I - GENERAL INFORMATION

1. TYPED NAME OF VOLUNTEER (Last, First, Middle Initial)		2. YEAR OF BIRTH
3. INSTALLATION Little Rock AFB	4. ORGANIZATION/UNIT WHERE SERVICE OCCURS 19 FSS/FSWO	
5. PROGRAM WHERE SERVICE OCCURS Little Rock AFB Outdoor Recreation--OAP	6. ANTICIPATED DAYS OF WEEK	7. ANTICIPATED HOURS /week
8. DESCRIPTION OF VOLUNTEER SERVICES		

PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES

9. 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.

a. SIGNATURE OF VOLUNTEER		b. DATE SIGNED (YYYYMMDD)
10.a. TYPED NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES

11. 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.

a. SIGNATURE OF VOLUNTEER		b. DATE SIGNED (YYYYMMDD)
12.a. TYPED 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

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

OAP Volunteer Application

So you want to be a volunteer for Little Rock AFB Outdoor Recreation Programs. Great! Our program depends on volunteers to coordinate many of our activities, both indoors and outdoors. Many of our trips and educational programs wouldn't exist without the efforts of our volunteers. Bring your talents and enthusiasm and let's get started today!

Name: _____ Date: _____

Cell Phone: _____ Work Phone: _____

Address: _____

Email Address: _____

Job Description: _____

Squadron: _____ Supervisor: _____ Phone: _____

Schedule: _____

Why do you want to be a guide? _____

What would you like to do for us? _____

Experience: _____

Training: _____

Signature: _____ Date: _____

Volunteer Hours Log: