



QUANTICO INSTALLATION VOLUNTEER PROGRAM MCB Quantico

MCFTB, 2034 Barnett Ave, Office 204N MCB Quantico, VIRGINIA 22134

I, _____, certify that I have performed off-duty volunteer work as
noted below. Volunteer Name

Name/Rank of Volunteer: _____

Phone: _____

Work Phone: _____

Email: _____

Location of Volunteer Work: _____

Date(s) of Volunteer Work: _____

Total Hours of Volunteer Work: _____

Brief Description of Work Performed: _____

Organization Accepting Official Signature

Date

PER REQUEST FORM YOU UNDERSTAND THAT YOUR ORGANIZATION IS RESPONSIBLE FOR ALL RISK ASSESSMENT, TRAINING, AND PROPER SUPERVISION, WRITTEN VOLUNTEER ASSIGNMENTS, DEVELOPMENT OF EACH VOLUNTEER POSITION, DUTIES, TIME COMMITMENT, REPORTING OF HOURS.

Please return the completed form to Joyce Murphy, the Volunteer Program Coordinator, in person (MCFTB Office 204, Little Hall, MCB Quantico) or scan and email to mcftbquantico@usmc-mccs.org.