

**REQUEST FOR VOLUNTEERS**

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.

**PRINCIPLE PURPOSE:** To acknowledge and document Volunteer Request Agreement 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 (SORN): (1) [A0608b](#) DFSC, Personal Affairs: Army Community Service Assistance Files; (2) [NM01754-2](#), DON Family Support Program Volunteers; and (3) [F036 AFDPC](#), Family Services Volunteer and Request Record.

**DISCLOSURE:** Voluntary; however, lack of a signed Volunteer Request Agreement will limit support.

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, & ZIP CODE: \_\_\_\_\_

POINT OF CONTACT (POC) FOR VOLUNTEERS: \_\_\_\_\_

POC PHONE NUMBER: \_\_\_\_\_ POC E-MAIL ADDRESS: \_\_\_\_\_

IS THE ORGANIZATION ON MCB QUANTICO? YES NO

IS THE ORGANIZATION AN ESTABLISHED 501(C)(3) NONPROFIT ORGANIZATION? YES NO

IS THIS A LONG TERM REQUEST? YES NO

NAME OF EVENT: \_\_\_\_\_

ADDRESS OF EVENT: \_\_\_\_\_

PLEASE LIST EVENT DATE(S): \_\_\_\_\_

PLEASE LIST EVENT TIME(S): \_\_\_\_\_

PLEASE PROVIDE REGISTRATION LINK: \_\_\_\_\_

TRANSPORTATION PROVIDED		WILL FOOD BE PROVIDED	
VOLUNTEER MINIMUM AGE		NUMBER OF VOLUNTEERS NEEDED	

**VOLUNTEER DUTIES**

PLEASE SIGN BELOW TO CONFIRM THAT YOU UNDERSTAND YOUR ORGANIZATION IS RESPONSIBLE FOR ALL RISK ASSESSMENT, TRAINING, PROPER SUPERVISION, DEVELOPMENT OF EACH VOLUNTEER POSITION, DUTIES, TIME COMMITMENT, AND REPORTING OF HOURS TO THE QUANTICO VOLUNTEER COORDINATOR. IF THIS IS A LONG TERM OPPORTUNITY REQUEST YOU WILL NEED TO PROVIDE PERFORMANCE REVIEWS AS WELL. PROHIBITED ACTIVITIES, REQUIRED SKILL SETS, VERIFYING CREDENTIALS, TRAININGS, AND LINES OF SUPERVISION (PER DODI 1100.21) ARE HANDLED BY THE REQUESTING ORGANIZATION ACCEPTING OFFICIAL.

ACCEPTING OFFICIAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*PLEASE VERIFY THAT THE CONTENT OF THIS REQUEST IS CORRECT BEFORE SIGNING.\***