

CODE OF CONDUCT

Introduction

The National Guard Volunteer Program is dedicated to providing services and training to military Families. The National Guard Volunteer Program has traditionally demanded and received the highest ethical performance from its volunteers. In an effort to maintain the highest standard of conduct expected and deserved by the military Families and to enable the Family Program to continue to offer services required, the National Guard Volunteer Program operates under the following Code of Conduct, applicable to all volunteers.

Volunteer Code of Conduct

- a. Will conduct myself in a professional manner at all times.
- b. Will refrain from using inappropriate language.
- c. Will not use the National Guard, National Guard Volunteer Family Program name, emblem, endorsement, services, or property of the National Guard Volunteer Family Program unless authorized.
- d. Will not publicly utilize any National Guard affiliation in connection with the promotion of partisan politics, religious matters, or positions on any issue.
- e. Will not disclose any confidential National Guard Volunteer Family Program information.
- f. Will consider information as privileged and not for public knowledge.
- g. Will not operate or act in any manner that is contrary to the best interests of the National Guard.
- h. Will not enter into any financial agreements
- i. Will not make false statements against the National Guard or United States Armed Services.

Volunteer Signature: _____ Date: _____

Print Your Name _____

Witnessed By: _____ Date: _____

Family Readiness Assistant

VOLUNTEER SERVICES CONFIDENTIALITY STATEMENT

I, the undersigned, do hereby acknowledge that in my volunteer role for the National Guard, I may have access to confidential information.

I agree that I shall not disclose any such confidential information maintained by the National Guard to any unauthorized person, and will adhere to confidentiality guidelines of the National Guard.

I acknowledge and agree that disclosure by me of confidential information obtained by me in the course of my volunteer status could be cause for termination from my volunteer position.

Date

Volunteer Signature

I, the undersigned, do hereby certify that I have discussed the guidelines for confidentiality with the volunteer named above.

Date

Family Readiness Assistant

VOLUNTEER AGREEMENT FOR

APPROPRIATED FUND ACTIVITIES

NONAPPROPRIATED FUND INSTRUMENTALITIES

PRIVACY ACT STATEMENT

AUTHORITY: Section 1588 of Title 10, U.S. Code, and E.O. 9397.

PRINCIPAL PURPOSE(S): To document voluntary services provided by an individual, including the hours of service performed, and to obtain agreement from the volunteer on the conditions for accepting the performance of voluntary service.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however failure to complete the form may result in an inability to accept voluntary services or an inability to document the type of voluntary services and hours performed.

PART I - GENERAL INFORMATION

1. TYPED NAME OF VOLUNTEER <i>(Last, First, Middle Initial)</i>		2. SSN	3. DATE OF BIRTH <i>(YYYYMMDD)</i>
4. INSTALLATION		5. ORGANIZATION/UNIT WHERE SERVICE OCCURS	
6. PROGRAM WHERE SERVICE OCCURS		7. ANTICIPATED DAYS OF WEEK	8. ANTICIPATED HOURS
9. DESCRIPTION OF VOLUNTEER SERVICES			

PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES

10. 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 <i>(YYYYMMDD)</i>
11.a. TYPED NAME OF ACCEPTING OFFICIAL <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED <i>(YYYYMMDD)</i>

PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES

12. 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 <i>(YYYYMMDD)</i>
13.a. TYPED NAME OF ACCEPTING OFFICIAL <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED <i>(YYYYMMDD)</i>

PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR

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

EXAMPLE ONLY

VOLUNTEER AGREEMENT FOR			
<input checked="" type="checkbox"/>	APPROPRIATED FUND ACTIVITIES	<input checked="" type="checkbox"/>	NONAPPROPRIATED FUND INSTRUMENTALITIES
PRIVACY ACT STATEMENT			
<p>AUTHORITY: Section 1588 of Title 10, U.S. Code, and E.O. 9397.</p> <p>PRINCIPAL PURPOSE(S): To document voluntary services provided by an individual, including the hours of service performed, and to obtain agreement from the volunteer on the conditions for accepting the performance of voluntary service.</p> <p>ROUTINE USE(S): None.</p> <p>DISCLOSURE: Voluntary; however failure to complete the form may result in an inability to accept voluntary services or an inability to document the type of voluntary services and hours performed.</p>			
PART I - GENERAL INFORMATION			
1. TYPED NAME OF VOLUNTEER (Last, First, Middle Initial)		2. SSN	3. DATE OF BIRTH (YYYYMMDD)
4. INSTALLATION Armory		5. ORGANIZATION/UNIT WHERE SERVICE OCCURS Unit of service member's assignment - such as JFHQ	
6. PROGRAM WHERE SERVICE OCCURS Family Program		7. ANTICIPATED DAYS OF WEEK	8. ANTICIPATED HOURS
9. DESCRIPTION OF VOLUNTEER SERVICES FRG Treasurer for unk's Family Readiness Group or whatever duty they are doing. Maybe they are just volunteering for various activities - than just state "volunteer for unit's Family Readiness Group"			
PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES			
10. 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)	
11.a. TYPED NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial) StateFamilyProgramDirector	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)	
PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES			
12. 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)	
13.a. TYPED NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial) StateFamilyProgramDirector	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)	
PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR			
14. AMOUNT OF VOLUNTEER TIME DONATED		15. SIGNATURE	16. TERMINATION DATE (YYYYMMDD)
a. YEARS (2,007 hours = 1 year)	b. WEEKS	c. DAYS	d. HOURS
17.a. TYPED NAME OF SUPERVISOR (Last, First, Middle Initial)		b. 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 <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
7a. SPONSOR NAME	6. DATE OF BIRTH (YYYYMMDD)
	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.

- | | | | | |
|--|--------------------------------------|------------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> SERVICE MEMBER | <input type="checkbox"/> ARMY | <input type="checkbox"/> AIR FORCE | <input type="checkbox"/> NAVY | <input type="checkbox"/> MARINE |
| <input type="checkbox"/> CIVILIAN EMPLOYEE
(APF and NAF) | <input type="checkbox"/> OFFICER | <input type="checkbox"/> ENLISTED | | |
| <input type="checkbox"/> ADULT FAMILY MEMBER | <input type="checkbox"/> ACTIVE DUTY | <input type="checkbox"/> RETIRED | | |
| <input type="checkbox"/> YOUTH FAMILY MEMBER
(Under age 18 and unmarried) | <input type="checkbox"/> RESERVE | <input type="checkbox"/> GUARD | | |
| <input type="checkbox"/> CIVILIAN (Not connected with the military) | <input type="checkbox"/> DECEASED | | | |

9. CHILDREN AT HOME <input type="checkbox"/> NONE <input type="checkbox"/> PRESCHOOL <input type="checkbox"/> IN SCHOOL	10. INITIAL COMMITMENT <input type="checkbox"/> ONE DAY EVENT <input type="checkbox"/> ONE MONTH EVENT <input type="checkbox"/> THREE MONTHS <input type="checkbox"/> SIX MONTHS <input type="checkbox"/> NINE MONTHS <input type="checkbox"/> OTHER
11. EDUCATION <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> ADVANCED DEGREE	

12. WORK EXPERIENCE

13. VOLUNTEER EXPERIENCE

VOLUNTEER DAILY TIME RECORD

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

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. Upon completion of the calendar year, the annual total will be recorded on DA Form 4162.

NAME	YEAR																																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL			
JAN																																			
FEB																																			
MAR																																			
APR																																			
MAY																																			
JUN																																			
JUL																																			
AUG																																			
SEP																																			
OCT																																			
NOV																																			
DEC																																			
TOTAL:																																			