

PROJECT EMERITUS

45MSG/CDE, Bldg. 415, Phone (321) 494-7656
Patrick AFB, FL 32925-3239

VOLUNTEER PERSONNEL INFORMATION

Name: _____
Last First Middle Initial

Phone Number: _____ Cell Phone: _____

E-Mail Address: _____

Local Address: _____
Street City Zip Code

Male _____ Female _____ Under 18 years of age: No _____ Yes _____ (If yes, please complete PE Form 8)

Status: Active Duty _____ Retired _____ Dependent _____ Veteran _____

MILITARY AND/OR CIVILIAN SERVICE QUALIFICATIONS AND JOB EXPERIENCE

Branch of Service _____ Military/Civilian Rank _____ Years of Service _____

Work Experience: _____

Preferred Schedule (circle choices): Mon Tue Wed Thu Fri Sat Sun

Code: A (Morning) P (Afternoon) D (All day)

Preferred Location: Patrick AFB Cape Canaveral AFS Valiant Air Command Warbird Museum

Job/Category Preferences (for example: Inside/Outside, Admin, Tax Prep, Tour Guide, Recruiting, etc.):

Physical Limitations: _____

NOTE: The only information required on the back of this form is your signature in block 9a. and the date in 9b., certifying that you have read and agree with the contents of block 9.

***** For Project Emeritus Use *****

Recruiter's Name: _____ Date: _____

Days Assigned: Mon Tue Wed Thu Fri Sat Sun Code: A P D

Job Code: _____ Unit Office Symbol: _____ Task Assignment: _____

Supervisor: _____ Unit Phone: _____ Date Assigned: _____

ADMINISTRATION BRANCH RECORDS INFORMATION

Database Entered (date & initials): _____ Personnel Folder (date & initials): _____

Name Tag (date & initials): _____ Time Cards and Parking Permit (date & initials): _____

VOLUNTEER AGREEMENT FOR

APPROPRIATED FUND ACTIVITIES

NONAPPROPRIATED FUND INSTRUMENTALITIES

PART I - GENERAL INFORMATION

1. TYPED NAME OF VOLUNTEER <i>(Last, First, Middle Initial)</i>		2. YEAR OF BIRTH
3. INSTALLATION	4. ORGANIZATION/UNIT WHERE SERVICE OCCURS	
5. PROGRAM WHERE SERVICE OCCURS	6. ANTICIPATED DAYS OF WEEK	7. ANTICIPATED HOURS
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 <i>(Last, First, Middle Initial)</i>	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 <i>(Last, First, Middle Initial)</i>	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 <i>(YYYYMMDD)</i>				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; padding: 2px;">a. YEARS <i>(2,087 hours=1 year)</i></td> <td style="width:25%; padding: 2px;">b. WEEKS</td> <td style="width:25%; padding: 2px;">c. DAYS</td> <td style="width:25%; padding: 2px;">d. HOURS</td> </tr> </table>	a. YEARS <i>(2,087 hours=1 year)</i>	b. WEEKS	c. DAYS	d. HOURS		
a. YEARS <i>(2,087 hours=1 year)</i>	b. WEEKS	c. DAYS	d. HOURS			
16.a. TYPED NAME OF SUPERVISOR <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)				