VOLUNTEER AGREEMENT FOR

☐ **APPROPRIATED FUND ACTIVITIES** ☑ **NONAPPROPRIATED FUND INSTRUMENTALITIES**

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.
PRINCIPAL PURPOSES(S): To acknowledge and document Volunteer Agreement for Appropriated Fund Activities or Nonappropriated Fund Instrumentalities 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: (1) A0608b DFSC, Personal Affairs: Army Community Service Assistance Files (at http://dpcld.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/); (2) NM01754-2, DON Family Support Program Volunteers (at http://dpcld.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570427/nm01754-2/); and (3) F036 AFDPC, Family Services Volunteer and Request Record (at http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569815/f036-af-dp-c/).
DISCLOSURE: Voluntary; however, lack of a signed Volunteer Agreement will limit Government support and eliminate certain benefits to individuals donating voluntary services to Appropriated Fund Activities and Nonappropriated Fund Instrumentalities.

PART 1 - GENERAL INFORMATION

1. NAME OF VOLUNTEER *(Last, First, Middle Initial)*	2. NAME OF PARENT/GUARDIAN *(If volunteer is under age 18) (Last, First Middle Initial)*	3. VOLUNTEER IS *(Select one)*
		☑ AGE 18 OR OVER ☐ UNDER AGE 18

4. TELEPHONE NUMBER *(Include Area Code)*	5. E-MAIL ADDRESS

PART II - VOLUNTEER ASSIGNMENT *(to be completed by Accepting Official)*

6. INSTALLATION/COMPONENT ACTIVITY	7. ORGANIZATION/UNIT WHERE SERVICE OCCURS	8. PROGRAM WHERE SERVICE OCCURS	9. ANTICIPATED DAYS OF WEEK	10. ANTICIPATED HOURS
USAG Fort Huachuca/FMWR	Child & Youth Services	Youth Sports & Fitness	Monday - Saturday	50 / Season

11. DESCRIPTION OF VOLUNTEER SERVICES

Volunteer Coach as described in IMCOM Reg 608-10-1.

PART III - VOLUNTEER CERTIFICATION

12. CERTIFICATION

I expressly agree that my services (or those of my minor child) 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, to participate in any training required to perform assigned voluntary duties, and to follow all installation, unit and organization rules and procedures applicable to the voluntary services I (or my minor child) will be providing.

a. SIGNATURE OF VOLUNTEER	b. SIGNATURE OF PARENT/GUARDIAN *(if volunteer is under age 18)*	c. DATE SIGNED *(YYYYMMDD)*

13.a. 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 AND SIGNED BY VOLUNTEER

14. AMOUNT OF VOLUNTEER TIME DONATED	a. YEARS. *(2,087 hours = 1 year)*	b. WEEKS	c. DAYS	d. HOURS	15. SERVICE END DATE *(YYYYMMDD)*

16.a. VOLUNTEER SIGNATURE	b. PARENT/GUARDIAN SIGNATURE *(If volunteer is under age 18)*	17.a. NAME OF SUPERVISOR *(Last, First, Middle Initial)*	b. SUPERVISOR'S SIGNATURE	c. DATE SIGNED *(YYYYMMDD)*

VOLUNTEER AGREEMENT FOR APPROPRIATED FUND ACTIVITIES or NONAPPROPRIATED INSTRUMENTALITIES INSTRUCTIONS FOR COMPLETING DD FORM 2793

DD Form 2793, Volunteer Agreement for Appropriated Fund Activities and Nonappropriated Fund Instrumentalities, is available online at, http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2793.pdf. A Volunteer Agreement must be completed and signed by both Volunteer (or Parent/Guardian of volunteer under the legal age of majority) and Government Accepting Official (Installation Volunteer Coordinator or similar) before volunteer begins voluntary service. The accepting official will furnish the volunteer a copy of DD Form 2793, and retain the original in accordance with *DoD Instruction (DODI) 1100.21, Voluntary Services in the DoD* and the Military Departments' Records Disposition Issuances.

VOLUNTEER AGREEMENT FOR APPROPRIATED FUND ACTIVITIES or NONAPPROPRIATED INSTRUMENTALITIES. To be completed by Government official applicable to the volunteer's assignment.

PART I - GENERAL INFORMATION *(to be completed by Volunteer or Parent/Guardian as specified)*

1. NAME OF VOLUNTEER. ***(****Last, First, Middle Initial)*

2. NAME OF PARENT/GUARDIAN. *(if volunteer is under legal age of majority) (Last, First, Middle Initial)* Parent/guardian signature is required only if volunteer is under the legal age of majority.

3. VOLUNTEER IS: *AGE 18 OR* OVER OR UNDER AGE 18. Check applicable box to indicate whether volunteer is an adult or minor child *(under the legal age of majority)*.

4. TELEPHONE NUMBER. *(Include Area Code)* List number where volunteer prefers to be contacted.

5. E-MAIL ADDRESS. List address where volunteer prefers to be contacted.

PART II - VOLUNTEER ASSIGNMENT *(to be completed by Accepting Official)*

6. INSTALLATION/COMPONENT ACTIVITY. List the installation/component activity where voluntary service will be performed or that assumes primary responsibility for the volunteer program.

7. ORGANIZATION or UNIT WHERE SERVICE OCCURS.

8. PROGRAM WHERE SERVICE OCCURS. List organization or unit program or location where voluntary services will be performed.

9. ANTICIPATED DAYS OF WEEK. List anticipated day(s) volunteer will be donating services.

10. ANTICIPATED HOURS. List anticipated times or number of volunteer hours to be provided per specified time period.

11. DESCRIPTION OF VOLUNTEER SERVICES. Briefly describe assigned voluntary service duties.

PART III - VOLUNTEER CERTIFICATION

12. CERTIFICATION. Certification must be signed and dated by both Volunteer and Government Official accepting volunteers providing voluntary services. Accepting Official must check either Appropriated Fund Activity or **Non-appropriated** Fund Instrumentality at the top of DD Form 2793.

- **a. SIGNATURE OF VOLUNTEER.**
- **b. SIGNATURE OF PARENT/GUARDIAN.** *(if Volunteer is under legal age of majority).*
- **c. DATE SIGNED *(YYYYMMDD).*** List date signed by Volunteer.

13. NAME OF ACCEPTING OFFICIAL.

- **a.** *(Last, First, Middle Initial).*
- **b. SIGNATURE.** Signature of Accepting Official.
- **c. DATE SIGNED** *(YYYYMMDD).* List date signed by Accepting Official.

PART IV - COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR AND SIGNED BY VOLUNTEER

14. AMOUNT OF VOLUNTEER TIME DONATED.

- **a. YEARS.** *(2,087 hours = 1 year)*
- **b. WEEKS.**
- **c. DAYS.** This may apply to volunteers designated as Special Government Employees. Consult Ethics Counselor for details.
- **d. HOURS.** Total number of voluntary service hours donated.

15. SERVICE END DATE (YYYYMMDD)**.** Volunteer Supervisor lists final day of voluntary service.

16. VOLUNTEER SIGNATURE.

- **a. Volunteer's signature verifies voluntary service time donated.**
- **b. PARENT/GUARDIAN SIGNATURE.** *(if Volunteer is under legal age of majority).*

17. NAME OF SUPERVISOR.

- **a.** *(Last, First, Middle Initial)* **of Volunteer Supervisor.**
- **b. SUPERVISOR SIGNATURE.** Signature of Volunteer Supervisor or Accepting Official verifies total amount of voluntary service time donated.
- **c. DATE SIGNED** *(YYYYMMDD)***.** Date signed by Volunteer Supervisor or Accepting Official.