

Volunteer Service Record

(For use of this form see USARC Reg 608-1; the proponent agency is the DCSPER Family Readiness Office)

PRIVACY ACT ADVISORY STATEMENT

AUTHORITY: Title 10, U.S. Code Annotated, Section 3013. **PRINCIPAL PURPOSE(S):** To maintain records of hours volunteered, training attended, and awards received. To record essential background information on volunteers. **ROUTINE USES:** Developing and coordinating volunteer services in the USAR Family Readiness Program. Recruiting volunteers. Determining qualifications and task assignments for volunteers. Contacting volunteers. Planning volunteer awards programs. Assigning a volunteer number at the servicing Family Program Office is for database entry for total volunteer hours and developing a total training plan. **EFFECT OF FAILURE TO PROVIDE REQUESTED INFORMATION:** Providing information is voluntary. Not providing information will prevent keeping a record of individual volunteer qualifications and services; may prevent volunteers from receiving awards.

Instructions:

* Upon resignation, retirement, or transfer, furnish a duplicate of this record for the personal file of the volunteer. In case of transfer, furnish the original record to the gaining organization.
 * Before the end of each quarter (December 31, March 31, June 30, and September 30), the volunteer needs to record both their total service hours for the previous 3 months and travel time on this form.

LAST NAME, FIRST NAME, MIDDLE INITIAL			GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male		UNIT AND ADDRESS		
HOME PHONE NUMBER	WORK PHONE NUMBER	FAX PHONE NUMBER					
HOME ADDRESS (Street, City, State, and Zip Code)			AGE		VOLUNTEER AGREEMENT SIGNED <input type="checkbox"/> Yes <input type="checkbox"/> No		
E-mail ADDRESS:			CHILDREN AT HOME <input type="checkbox"/> None <input type="checkbox"/> Preschool				
			FAMILY READINESS POSITION OR SHORT TERM PROJECT		DATES		WORK EXPERIENCE
EDUCATION LEVEL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			VOLUNTEER EXPERIENCE				
COLLEGE / DEGREE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4							
INTERESTS, SKILLS, HOBBIES							
INITIAL COMMITMENT <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> Other _____							

TRAINING	DATE	TRAINING	DATE	OTHER
Unit Orientation		Instructor Training		
USAR Family Program Academy (Initial)		Army Family Team Building (AFTB) Classes (Local or Regional)		
USAR Family Program Academy (Second Year/Third Year)		Master Trainer Course		

AWARDS / RECOGNITION AND DATES			
AWARD / RECOGNITION	DATE	AWARD / RECOGNITION	DATE
Local Certificate of Appreciation or other Local Commander's Award		Decoration for Distinguished Civilian Service Award	
Higher Headquarters Volunteer Awards		Secretary of the Army Public Service Award	
Commander's Award for Public Service		Zachary and Elizabeth Fisher Distinguished Humanitarian Award	
Certificate of Appreciation for Patriotic Civilian Service		Other DA or DOD Level Award	
Dr. Mary E. Walker Award or Forces Command Commander's Award for Volunteer Service		OTHER:	
Outstanding Civilian Service Award			
U.S. Army Reserve Annual Volunteer Nomination or Award			

Total Quarterly Volunteer Service Hours	Year _____				Year _____				Year _____			
	1 Oct - 31 Dec	1 Jan - 31 Mar	1 Apr - 30 Jun	1 Jul - 30 Sep	1 Oct - 31 Dec	1 Jan - 31 Mar	1 Apr - 30 Jun	1 Jul - 30 Sep	1 Oct - 31 Dec	1 Jan - 31 Mar	1 Apr - 30 Jun	1 Jul - 30 Sep
Service Time												
Total Travel Time (Without AFTB specific travel time)												
AFTB Service Time (AFTB = Army Family Team Building)												
AFTB Travel Time (If no other volunteer service time completed)												
TOTAL TIME												