



**DEPARTMENT OF THE ARMY**  
**JOINT FORCE HEADQUARTERS, MICHIGAN ARMY NATIONAL GUARD**  
**3411 NORTH MARTIN LUTHER KING JR. BOULEVARD**  
**LANSING, MICHIGAN 48906-2934**

NGMI-PEZ

23 March 2016

MEMORANDUM FOR: All Unit Commanders and Statutory Volunteers

SUBJECT: State Volunteer Workshop and Teen Symposium, "Bridging the Gap, Building the Future", 20-22 May 2016.

1. Purpose:

a. State Volunteer Workshop: Provide comprehensive training to military leaders and volunteers to enhance family readiness and resiliency, with a focus on recognizing outstanding volunteers and providing additional training to enhance volunteer and community outreach opportunities.

b. Teen Symposium: The purpose of this symposium is to provide volunteer and comprehensive training to military teens.

2. State Volunteer Workshop:

a. Location: Edward Village Michigan: 600 Town Center Drive, Dearborn, MI 48126

b. Attendance:

i. Designated unit Representative, to include either Unit Commanders or Family Program Action Officers (FPAO). Statutory Volunteers, to include Family Readiness Group (FRG Volunteers) and select JFHQ personnel are authorized and highly encouraged to attend this Workshop.

ii. Each Major Subordinate Command (MSC) will be provided with an allocation limitation (see Allocation Allotment). The allocations were calculated by assuming that every unit would send at least one military representative (either the commander or the FPAO) and two statutory volunteers.

iii. Airmen and Air volunteers will coordinate with their respective Airmen and Family Readiness Programs Manager (AFRPM) to assign their designated attendees for the workshop.

b. Administration:

i. All attendees must register on Joint Service Support (JSS) ([jointservicesupport.org](http://jointservicesupport.org)). Registration for this specific event can be found at the following link: [Designated Attendee](#). If you have questions or issues with the JSS website, please contact CW2 Ron Hatchew, [ronald.b.hatchew.mil@mail.mil](mailto:ronald.b.hatchew.mil@mail.mil), 517-481-9877.

ii. Attendees will not make their own hotel reservation. Completing the registration on Joint Service Support (JSS) ([jointservicesupport.org](http://jointservicesupport.org)) registers the attendee for the training workshop and also for lodging, as long as they meet the mileage requirements. If you qualify for a room but do not wish to utilize it, please state "No Room Required" in the comments box during registration. Please be advised that you will need a credit card at check-in for hotel incidentals.

iii. Airmen and Air volunteers will coordinate with their respective Airmen and Family Readiness Programs Manager (AFRPM) to register for the workshop.

iv. Child care will not be provided. If you have a teen between the ages of 13-17 attending the Teen Symposium, they will need to register separately, see Teen Symposium ([Teen Symposium](#)) in this MOI.

v. The suspense for registration is 1 MAY 2016.

vi. Check in for the event will be on Friday, 20 May between 1800-2000 in the hotel lobby and Saturday, 21 May 2016 from 0900-1000 at the hotel in the Great Lakes Foyer. Attendees will receive the event agenda and information packet.

vii. A no-host social will be held at 1900- 2300, Friday in the Rotunda Room on the 16<sup>th</sup> floor. Attendance is encouraged, but not required.

viii. The event will be held from 1000-1545 Saturday, 21 May 2016 and 1000-1530 Sunday, 22 May 2016. All attendees must check in both days.

ix. The State Volunteer Workshop is a completely separate event from the Teen Symposium. All funding, registration and logistics are completely separate and should in no way be considered a multi-track event, even though they are both included in this MOI.

c. Resources:

i. Location, workshop staff, i.e., ancillary support staff, materials, and equipment are the responsibility of the Family Programs Office.

ii. Counselors and resource providers will be on-site to answer questions and provide support.

d. Unit Requirements: Each Major Subordinate Command (MSC) is responsible for the following:

i. Ensuring service members and the volunteers are registered for this event on Joint Services Support (JSS).

ii. Ensuring all MIARNG Personnel attending the event will do so either in a paid status, e.g., STA or IDT status. Travel reimbursement is at the discretion of the unit and will be processed through DTS using unit funds. Family Programs is not authorized to process nor fund any Service Member, to include travel reimbursement or entitlements.

iii. Coordinate Service Members' entitlements through Defense Travel System (DTS) and forward through G3 or respective Wing Command's routing for funding and approval. Use of government vehicles is highly encouraged. Travel reimbursements for service members who travel by POV are at the discretion of their individual unit and the G3.

iv. Airmen and Family Readiness Programs Managers (AFRPM) will coordinate with the Family Programs Office to ensure all authorized Air attendees are registered.

e. Travel:

i. The Army and Air will fund their own respective designated attendees. IAW the Joint Travel Regulation (JTR U2550), designated volunteers are reimbursed for mileage only if they live outside 50 miles from the event location. For approved travel reimbursement consideration, all attendees must complete and turn in a Travel Voucher (DD 1351-2) to the Workshop operations center on the final day of the workshop. The Family Programs office will approve the vouchers at the conclusion of the event. You will be required to provide your banking information (routing & account number) or a blank voided check for electronic funds transfer of the travel reimbursement. Mileage reimbursement will only be considered for the unit designated volunteer; additional accompanying guests (FRG volunteer, spouse, significant others, parents, siblings, etc.) who register to attend the event will not receive travel reimbursement.

ii. Friday is an authorized travel day for those traveling over 50 miles to the event. Distance will be calculated zip code to zip code via the Defense Travel System.

f. Door Prizes/Gift Baskets: Those volunteers, commands, or bases that desire to donate a door prize are encouraged to do so. The value should not exceed \$25.00. Please label each door prize with the name of the Family Readiness Group or person(s) donating the prize. Winners must be present to win. Please turn in all donated baskets during registration.

g. Volunteer Award Nominations & Agreements:

i. Award Nomination Process (see enclosed memo and DA 638)

ii. Volunteer Agreement Form (see enclosed DD Form 2793)

h. Attire: The attire for all attendees will be business casual during all business sessions. Jeans, tennis shoes, shorts, or similar leisurewear will be acceptable only during off-hours.

i. Logistics:

i. Lodging: All Army unit representatives and FRG volunteers that are traveling over 50 miles are authorized one overnight room for Friday, 20 May 2016 and Saturday, 21 May 2016. Any attendees living less than 50 miles (one-way) are expected to travel to the event each day. The room and taxes are on a Master Bill paid for by the Family Program Office. Any other additional room requests such as an additional night or an additional room paid for by the attendee needs to be coordinated through the hotel.

ii. Airmen and Air volunteers will coordinate with their respective Airmen and Family Readiness Programs Manager (AFRPM) to ensure they are authorized and ensured a room if needed.

iii. Room Cancellations: Because of the contract, all rooms are obligated for payment. If for any reason you are unable to attend the training workshop, please contact the State Family Programs Office prior to 12:00 noon on 1 May 2016. If we are not notified, you will be responsible to reimburse the hotel for the cost of your room.

iv. Meals: Breakfast and Lunch are provided for authorized participants at the hotel on Saturday and Sunday. Dinner on Saturday evening is on the local economy.

2. Teen Symposium:

a. Location: Edward Village Michigan: 600 Town Center Drive, Dearborn, MI 48126

b. Attendance:

i. Teen Symposium is open to all Army and Air National Guard Teens ages 13-17. Teen Delegates must be registered in DEERS.

ii. There are 50 slots available for the Teen Symposium and will be filled on a first come first served basis.

c. Entitlements:

iii. Lodging: All Teen Delegates are authorized one overnight room for Friday, 20 May 2016 and Saturday, 21 May 2016. If the Teen Delegate has a parent attending the State Volunteer Workshop, only one room will be authorized per family. The room and taxes are on a Master Bill paid for by the Family Program Office. Any other additional room requests such as an additional night or an additional room paid for by the attendee needs to be coordinated through the hotel. Room Cancellations: Because of the contract, all rooms are obligated for payment. If for any reason you are unable to attend the training symposium, please contact the State Family Programs Office prior to 12:00 noon on 1 May 2016. If we are not notified, you will be responsible to reimburse the hotel for the cost of your room.

iv. Rations: Partial Per Diem is authorized. Breakfast and Lunch are provided for authorized participants at the hotel on Saturday and Sunday. Dinner on Saturday evening is the responsibility of each Teen Delegate. Meals that are provided, are only provided to the Teen Delegate attending the symposium. Meals are not provided to the parent or adult chaperone that is accompanying the Teen Delegate.

v. Travel: POV travel is authorized. Each Teen Delegate will be reimbursed mileage to and from event. Teen Delegates will be reimbursed mileage *only if* they live outside the 50-mile radius from the event location calculated through DTS. If Teen Delegate has a parent attending the State Volunteer Workshop or has another Teen attending the symposium and all live in the same household, only one individual will be reimbursed through DTS.

vi. Funding:

1. The State Volunteer Workshop is a completely separate event from the Teen Symposium. All funding, registration and logistics are completely separate and should in no way be considered a multi-track event, even though they are both included in this MOI.

2. The Army and Air will fund their own respective Teen Delegates. For approved travel reimbursement consideration, all Teen Delegates must complete and turn in a Travel Voucher (DD 1351-2) to the Workshop operations center on the final day of the workshop. The Family Programs office will approve the

vouchers at the conclusion of the event. You will be required to provide your banking information (routing & account number) or a blank voided check for electronic funds transfer of the travel reimbursement. Mileage reimbursement will only be considered for the Teen Delegate who is attending the Teen Symposium, and only one Teen per household.

d. Administration:

i. All attendees must register on Joint Services Support (JSS). Registration for this specific event can be found at the following link: [Teen Registration](#).

ii. Attendees will not make their own hotel reservation. Completing the registration on Joint Service Support (JSS) ([jointservicesupport.org](http://jointservicesupport.org)), registers the attendee for the training workshop and also for lodging, as long as they meet the mileage requirements.

iii. Child care will not be provided. Parents or adult chaperones are responsible for the Teen Delegate after training hours. The suspense for registration is 1 MAY 2016.

iv. Check in for the event will be on Friday 20 May 2016 from 1800-2000, and Saturday 21 May 2016 from 0900-1000 at the hotel. Teen Delegates will receive the event agenda and information packet.

v. The event will be held from 1000-1600 Saturday, 21 May 2016 and 1000-1530 Sunday, 22 May 2016. All Teen Delegates must check in all three days.

e. Resources:

i. Location, workshop staff, i.e., ancillary support staff, materials, and equipment are the responsibility of the Family Programs Office.

ii. Counselors and resource providers will be on-site to answer questions and provide support.

f. Closing Ceremony:

i. Teen Delegates will conduct a presentation at the closing ceremony of the State Volunteer Workshop. Teens will present on the skills that they learned during the Teen Symposium.

ii. Teens will be released at the end of the State Volunteer Workshop. Parents or adult chaperones are welcome to join us for the closing ceremony. Location and time will be given out during registration on Saturday 21 May 2016.

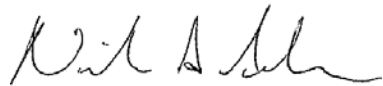
NGMI-PEZ

SUBJECT: State Volunteer Workshop and Teen Symposium, "Bridging the Gap, Building the Future", 20-22 May 2016.

4. Points of Contact:

a. State Volunteer Workshop: If you have any questions, please contact CW2 Hatchew, Ron at [ronald.b.hatchew.mil@mail.mil](mailto:ronald.b.hatchew.mil@mail.mil), 517-481-9877 (Office), or 517-993-7782 (Cell).

b. Teen Symposium: If you have any questions, please contact LCYPC Angela Spina, [angela.s.spina.ctr@mail.mil](mailto:angela.s.spina.ctr@mail.mil), 517-481-9894.



NICHOLAS A. ANDERSON  
CPT, IN, MIARNG  
State Family Programs Director

<b>ALLOCATION ALLOTMENT</b>		
<b>ARMY</b>	<i>Military</i>	<i>Volunteer</i>
JFHO	1	2
46 MP CMD	2	3
Fort Custer Training Site	1	2
Camp Gravling Training	1	2
MI ARNG REC & RET CMD	1	2
HO 177th REGT	1	2
51 <sup>st</sup> CST	1	2
MI ARNG Med CMD	1	2
63D TRP CMD	23	46
272 RSG	19	38
126 PCH	1	2
HHC 177 MP BDE	24	48
<b>AIR</b>	<i>Military</i>	<i>Volunteer</i>
HO	2	2
127 <sup>th</sup> (to include wing CMDR)	3	4
110 <sup>th</sup> (to include wing CMDR)	3	4
CRTC	2	4
<b>SENIOR LEADERSHIP</b>	<i>Military</i>	
TAG	1	
LC CMDR	1	
Dir Joint Staff	1	
ATAG Army Installation	1	
Army COS	1	
Deputv COS G1	1	
CMD CW5	1	
G1 CSM	1	
State CSM	1	
ATAG Air	1	
Air DOS	1	
Air CCMS	1	





DEPARTMENT OF THE ARMY AND THE AIR FORCE  
MICHIGAN NATIONAL GUARD JOINT FORCE HEADQUARTERS  
3411 North Martin Luther King Boulevard  
Lansing, Michigan 48906-2934

VOLUNTEER AWARDS

***Due to the Family Programs Office NLT 10 April 2016  
ARMY -Use DA Form 638, Recommendation for Award  
AIR – Use AF Form 1206, Nomination for Award***

**VOLUNTEER AWARDS:** Nominations for Volunteer Awards are due to the Family Programs Office NLT **10 April 2016**. Please use DA Form 638, Recommendation for Award or AF Form 1206 Nomination for Award to nominate your volunteers. All submissions will be reviewed and the approved awards will be presented at the luncheon on Sunday 22 May 2016. Submissions not approved are returned with a recommendation. Commands are encouraged to take advantage of this opportunity to honor your exceptional family members for their achievements.

**1. The Adjutant General's Volunteer of the Year Award.**

**a. RECIPIENT:** One Air Key Volunteer; One Army FRG Volunteer

**b. ELIGIBILITY:** An FRG or KVG volunteer who has participated in the unit's FRG/KVG program a minimum of one full year. Only one recipient will be selected from the Air Guard and one from the Army Guard. Recipient cannot be a Volunteer of the Year recipient from the previous year.

**c. CRITERIA:** Individual who best exemplifies the spirit of the unit's FRG/KVG by demonstrating a positive and enthusiastic working relationship with the unit chain of command and chain of concern. Person must be actively involved in all FRG/KVG activities and events and is there to render support whenever the need arises. Person is also one who is well known by unit members and other family members due to their active participation.

**d. NOMINATION:** Using DA Form 638 or AF Form 1206, the Unit Commander should nominate the individual with sufficient detail to portray the accomplishments and meritorious volunteer spirit by the individual. These would include volunteer's involvement in the unit's FRG/KVG activities, leadership qualities, and ability to work with others; the working relationship between the commander, the military members, and the volunteer.

**2. Family of the Year Award**

**a. RECIPIENT:** One Air Key Volunteer Group; One Army Family Readiness Group.

**b. ELIGIBILITY:** Any Air or Army unit who has an active Family Readiness/Key Volunteer Group

**c. CRITERIA:** Family Readiness Groups/Key Volunteer Groups that best exemplifies the spirit of volunteerism by demonstrating a positive and enthusiastic working relationship with the unit chain of command and chain of concern. Unit must have an FRG/KVG that is actively involved in Family issues, activities and events and is there to render support whenever the need arises. Units should demonstrate how they are willing to extend their expertise and enthusiasm to other unit FRG/KVG throughout the State.

**d. NOMINATION:** Using DA Form 638 or AF Form 1206, the Unit Commander should nominate the individual with sufficient narrative explaining the unit FRG/KVG involvement in the Family activities and readiness issues. Nomination should clearly demonstrate how this FRG/KVG has aided the unit's readiness and retention of military members, as well as volunteers.

### **3. Family Readiness Volunteer/Key Volunteer Meritorious Service Award.**

**a. RECIPIENT:** Any Family Readiness Group Volunteer/Key Volunteer

**b. ELIGIBILITY:** Any active, retired, or family volunteer who demonstrates exceptional volunteerism to the unit's Family Readiness Group/Key Volunteer Group.

**c. CRITERIA:** Volunteers who demonstrate effective Communications, Project Involvement, and Exceptional Service. This award allows the Commander to show appreciation for how the volunteer has enhanced the unit family, FRG/KVG, and family readiness. Communication should be demonstrated by how the volunteer effectively communicates with the unit personnel, family members and provides information to them, as well as the development of the telephone tree and continual monitoring of it for accuracy. Project involvement should be displayed by the volunteer through participation in unit and community events/activities that promote the unit and FRG/KVG. Examples of how the volunteer provides exceptional service to the community projects, sustained performance or special assistance to families in needs should be included in the nomination.

**d. NOMINATION:** Using DA Form 638 or AF Form 1206, the Unit Commander should nominate the individual with sufficient detail to portray the accomplishments and meritorious volunteer spirit by the individual. These would include volunteer's involvement in the unit's FRG/KVG activities, leadership qualities, and ability to work with others; the working relationship between the commander, the military members, and the volunteer.

**RECOMMENDATION FOR AWARD**

For use of this form, see AR 600-8-22; the proponent agency is DCS, G-1.

For valor/heroism/wartime and all awards higher than MSM, refer to special instructions in Chapter 3, AR 600-8-22.

1. TO	2. FROM	3. DATE (YYYYMMDD)
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**PART I - SOLDIER DATA**

4. NAME (Last, First, Middle Initial)	5. RANK	6. SSN
7. ORGANIZATION	8. PREVIOUS AWARDS	
9. BRANCH OF SERVICE	10. RECOMMENDED AWARD	11. PERIOD OF AWARD
		a. FROM      b. TO

12. REASON FOR AWARD				12c. POSTHUMOUS		13. PROPOSED PRESENTATION DATE (YYYYMMDD)	
12a. INDICATE REASON	12b. INTERIM AWARD	YES	NO	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
	IF YES, STATE AWARD GIVEN						

**PART II - RECOMMENDER DATA**

14. NAME (Last, First, Middle Initial)	15. ADDRESS		
16. TITLE/POSITION	17. RANK		
18. RELATIONSHIP TO AWARDEE	19. SIGNATURE		

**PART III - JUSTIFICATION AND CITATION DATA** (Use specific bullet examples of meritorious acts or service)

20. ACHIEVEMENTS
ACHIEVEMENT #1
ACHIEVEMENT #2
ACHIEVEMENT #3
ACHIEVEMENT #4

21. PROPOSED CITATION
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NAME (Last, First, Middle Initial)	SSN
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**PART IV - RECOMMENDATIONS/APPROVAL/DISAPPROVAL**

22. I certify that this individual is eligible for an award in accordance with AR 600-8-22; and that the information contained in Part I is correct.	22a. SIGNATURE	22b. DATE (YYYYMMDD)
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23. <b>INTERMEDIATE AUTHORITY</b>	a. TO	b. FROM	c. DATE (YYYYMMDD)
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d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:
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e. NAME (Last, First, Middle Initial)	f. RANK
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g. TITLE/POSITION	h. SIGNATURE
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i. COMMENTS
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24. <b>INTERMEDIATE AUTHORITY</b>	a. TO	b. FROM	c. DATE (YYYYMMDD)
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d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:
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e. NAME (Last, First, Middle Initial)	f. RANK
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g. TITLE/POSITION	h. SIGNATURE
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i. COMMENTS
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25. <b>INTERMEDIATE AUTHORITY</b>	a. TO	b. FROM	c. DATE (YYYYMMDD)
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d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:
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e. NAME (Last, First, Middle Initial)	f. RANK
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g. TITLE/POSITION	h. SIGNATURE
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i. COMMENTS
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26. <b>APPROVAL AUTHORITY</b>	a. TO	b. FROM	c. DATE (YYYYMMDD)
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d. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> RECOMMEND UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:
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e. NAME (Last, First, Middle Initial)	f. RANK
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g. TITLE/POSITION	h. SIGNATURE
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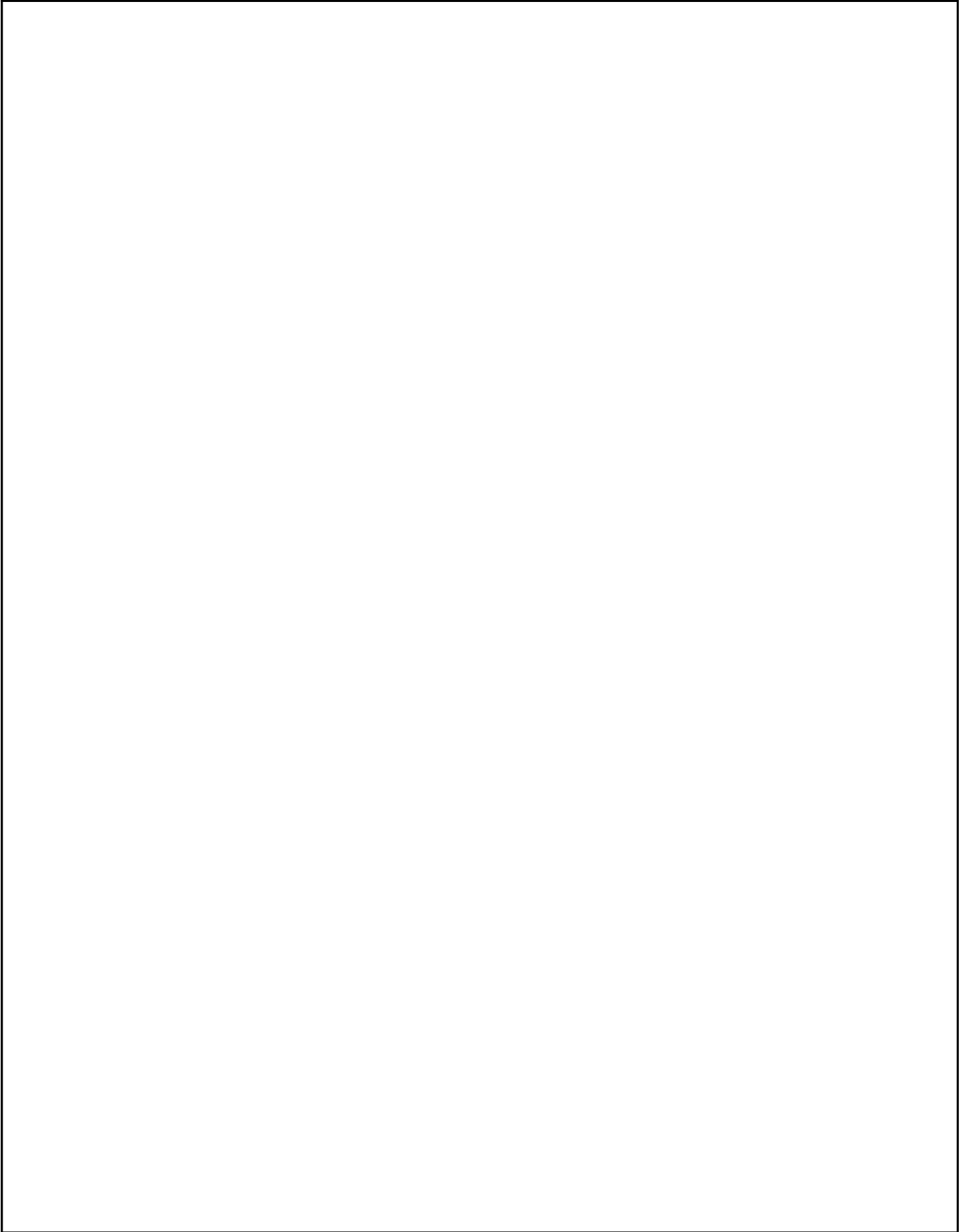
i. COMMENTS
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**PART V - ORDERS DATA**

27a. ORDERS ISSUING HQ	27b. PERMANENT ORDER NO.	31. DISTRIBUTION
28a. NAME OF ORDERS APPROVAL AUTHORITY	28b. RANK	
28c. TITLE/POSITION	29. APPROVED AWARD	
28d. SIGNATURE	30. DATE (YYYYMMDD)	

NAME		SSN	
<b>ADDENDUM - INTERMEDIATE AUTHORITY</b>			
25-A1. <b>INTERMEDIATE AUTHORITY</b>	a. TO	b. FROM	c. DATE (YYYYMMDD)
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial)		f. RANK	
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
25-A2. <b>INTERMEDIATE AUTHORITY</b>	a. TO	b. FROM	c. DATE (YYYYMMDD)
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial)		f. RANK	
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
25-A3. <b>INTERMEDIATE AUTHORITY</b>	a. TO	b. FROM	c. DATE (YYYYMMDD)
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial)		f. RANK	
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
25-A4. <b>INTERMEDIATE AUTHORITY</b>	a. TO	b. FROM	c. DATE (YYYYMMDD)
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial)		f. RANK	
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
25-A5. <b>INTERMEDIATE AUTHORITY</b>	a. TO	b. FROM	c. DATE (YYYYMMDD)
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial)		f. RANK	
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			





# Michigan National Guard Volunteer Agreement

## Privacy Act Statement

**Authority:** Section 1588 of Title 10, US 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 inability to accept voluntary services or an inability to document the type of voluntary services and hours performed. The Applicant has the right to withdraw consent at any time.

### Volunteer Information

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

SEX: (Circle One) Male Female Have you gone by another name? Please list: \_\_\_\_\_

Please list unit where volunteering: \_\_\_\_\_

**Indicate your position/level of volunteering: Place an X by the position you will hold.**

**I am a Statutory (appointed) volunteer/board: applicant must complete reference and investigation consent below:**

\_\_\_ FRG Leader \_\_\_ FRG Co Leader \_\_\_ Treasurer \_\_\_ Communications coordinator \_\_\_ Key caller \_\_\_ Secretary

\_\_\_ MI NG Volunteer Advisory Board Member \_\_\_ Air National Guard Key Volunteer

**\_\_\_ I Am a Gratuitous (non-board appointed) volunteer/FRG Membership/Other membership and do not require a background check. (Do not complete references and investigation consent portion below)**

### Volunteer Agreement (Must be signed)

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 I will be providing. These efforts include, but are not limited to, the elements of my position description.

**Agreement Term end date (maximum of two years then can be renewed) \_\_\_\_\_**

**A new agreement must be completed if the volunteers role changes or unit of assignment changes.**

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### CONSENT FOR ANNUAL BACKGROUND INVESTIGATION FOR KEY (Air) STATUTORY (army)VOLUNTEERS ONLY

I, \_\_\_\_\_, hereby authorize Michigan National Guard Family Programs Office to investigate my background and qualifications for purposes of evaluating and maintaining whether I am qualified for the position for which I am volunteering. I understand that the Family Programs Office may utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my volunteer application will not be processed further.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **REFERENCES (please list at least 2)**

Name: \_\_\_\_\_ email: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ email: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ email: \_\_\_\_\_ Number: \_\_\_\_\_

Key (Air) and Statutory (Army) volunteers please complete attached reimbursement form or reimbursements cannot be processed. SSN is NOT used for anything other than air volunteer background check and reimbursement. Reimbursements are on a 'funding available' basis.



**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 <b>VOLUNTEER</b> ( <i>Last, First, Middle Initial</i> )		2. <b>SSN</b>	3. DATE OF <b>BIRTH</b> (YYYYMMDD)
4. <b>INSTALLATION</b> Michigan National Guard Family Programs		5. <b>ORGANIZATION/UNIT</b> WHERE SERVICE OCCURS	
6. <b>PROGRAM WHERE SERVICE OCCURS</b> MI National Guard Family Programs		7. <b>ANTICIPATED DAYS OF WEEK</b> Varies	8. <b>ANTICIPATED HOURS</b> Varies
9. <b>DESCRIPTION OF VOLUNTEER SERVICES</b>  Statutory volunteer services contributed to the MI National Guard Family Programs through FRG and FP volunteerism.			

**PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES**

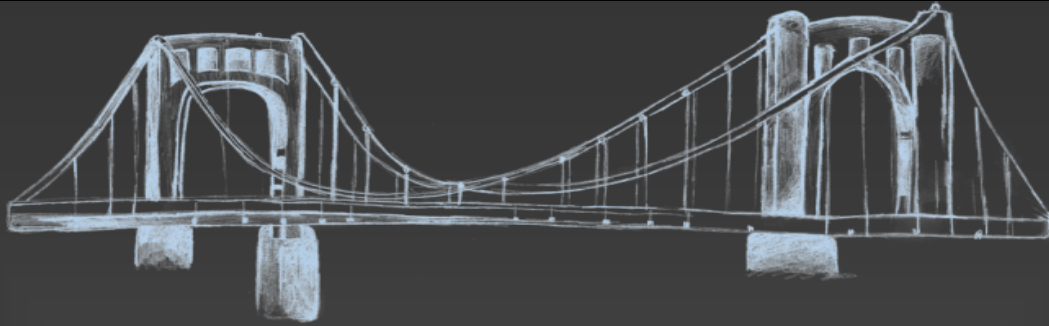
10. <b>CERTIFICATION</b> I expressly agree that my services are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved 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. <b>SIGNATURE OF VOLUNTEER</b>		b. <b>DATE SIGNED</b> (YYYYMMDD)
11.a. TYPED NAME OF ACCEPTING OFFICIAL ( <i>Last, First, Middle Initial</i> )	b. <b>SIGNATURE</b>	c. <b>DATE SIGNED</b> (YYYYMMDD)

**PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES**

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

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

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



*You're Invited*

TO A

*No Host Social*

FRIDAY, MAY 20TH, 2016

7:00 - 11:00 PM

600 TOWN CENTER DRIVE

DEARBORN, MI

Youth attending Teen Symposium  
are invited to attend until 9:00 pm

**DRESS IS SEMI-FORMAL**