CONSERVATION VOLUNTEE Marine Corps Base, Qu		Instructions: Mark "X" on appropriate lines. For other items, either print or type responses.					
Name: (Last, First, Middle)	Date of Birth	Telephone					
		Home:					
		Office:					
E-mail:		Cell:					
Street Address:							
City:		Personnel Category: (please check)					
-		ACDU Marine:					
State:	Zip:	ACDU Other Services:					
		Retired/Other Military:					
Is there a general category of we	ork that you are most	Civilian:					
interested in? (Please check those							
,							
Fish & Wildlife:	Science Research:	Office/Clerical:					
Waterfowl:	Forestry:	Other Interests:					
Building & Grounds Maintenance:	Cultural Resources/History:						
Habitat Restoration/Wildscaping:	Outreach/Education:						
Please check any special skills, exp	erience, or education that yo	u have.					
Boat Operation	Agricultural Machinery:	Other Skills:					
Chain Saw:	Carpentry:						
Graphic Arts:	GOV Driver's License:						
Engineering:	Outdoor Recreation:						
GIS:	Horticulture/Landscaping:						
This space is provided for more de education/experience and special of		e the kinds of work you would like to perform or					
List any physical limitations that m	ay influence your volunteer w	rork. (If none, print or type N/A)					
Notice to Volunteer							
The purpose of this form is to gather volunteer contact information for communication purposes and background information to match volunteer interests, skills, and abilities with work requirements.							

		VOLUNT	EER AGRE	EMENT FO	R				
	ND ACTIVITIES	S		NONAPP	ROPRIA	TED FUND INS	TRUMEN	TALITIES	
		PRIV	ACY ACT ST	ATEMENT					
AUTHORITY: 10 U.S.C. 1588, Auth Services in the Department of Defen PRINCIPAL PURPOSES(S): To acl before a statutory individual is allower ROUTINE USES: There are no species that are identified in each of the http://dpcld.defense.gov/Privacy/SO/Volunteers (at http://dpcld.defense.gov/Drivacy/SO/Volunteer and Request Record (at http://dpcld.defense.gov/olunteer and Request Record (at http://dpcld.defense.gov/oluntary; however voluntary services to Appropriated F	ise. knowledge and do ed to provide volur cific routine uses a e following system: RNsIndex/DoD-wic ov/Privacy/SORNs, ttp://dpcld.defense , lack of a signed \	cument Voluntee teer services. Inticipated for thi s of records notice de-SORN-Article Index/DoD-wide gov/Privacy/SO Volunteer Agreer	er Agreement for is information; ces: (1) A0608 View/Article/5 SORN-Article RNsIndex/DOI ment will limit G	or Appropriated however, it may bb DFSC, Perso 70084/a0608b- View/Article/5 D-wide-SORN- Government sup	Fund Active to be subject on al Affairs: -cfsc/); (2) North Total Control (2) North Total Control (2) North Control (2)	vities or Nonapproprint to a number of pro Army Community NM01754-2, DON Fo 1754-2/); and (3) FO v/Article/569815/f03	per and nec Service Assi amily Suppo 036 AFDPC, 6-af-dp-c/).	nstrumentalities essary routine istance Files (at rt Program Family Services	
		PART 1	- GENERAL IN	FORMATION					
NAME OF VOLUNTEER (Last, First, Middle Initial)	2. NAME OF PARENT/GUARDIAN (If volur 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	5. E-MAIL ADDRESS					
	PART II - VC	DLUNTEER ASS	IGNMENT (to	he completed l	ov Acceptin	g Official)	_		
6. INSTALLATION/COMPONENT ACTIVITY	7. ORGANIZATION/UNIT 8. PROG					IPATED DAYS OF	F 10. ANTICIPATED HOURS		
Marine Corps Base, Quantico, VA				&Cultural Resources					
11. DESCRIPTION OF VOLUNTEE Conservation Volunteer Program (C vegetation resources. Volunteers m Resource Management Plan (ICRM)	VP) volunteers pro ay assist with proj	ects described in	the MCBQ Int	egrated Resou					
		PART III -	VOLUNTEER	CERTIFICATIO	N				
12. CERTIFICATION I expressly agree that my service Government or any instrumentality to volunteer services, tort claims, the Fam neither entitled to nor expect any regulations applicable to voluntary sand organization rules and procedure. a. SIGNATURE OF VOLUNTEER	hereof, except for Privacy Act, criminal present or future ervice providers, to	certain purposes al conflicts of inte salary, wages, o participate in a	s relating to core erest, and defer or other benefits ny training requires I (or my m	mpensation for nse of certain s s for these volu uired to perforn inor child) will l	injuries occ uits arising intary servion assigned be providino	curring during the pe out of legal malpraces. I agree to be bo voluntary duties, an	erformance of ctice. I expre- ound by the d to follow a	of approved essly agree that I laws and Il installation, unit	
a. SIGNATURE OF VOLUNTEER		volunteer is u	under age 18)			DATE SIGNED (7	TTTWINGE		
13.a. NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial) b. SIGNATURE					c. DATE SIGNED (YYYYMMDD)				
PART IV - TO BE COMP	PLETED AT END	OF VOLUNTEER	R'S SERVICE I	BY VOLUNTEE	R SUPER	VISOR AND SIGNE	D BY VOLU	INTEER	
a. YEARS. (2,087 hours = 1 year) b. WE TIME DONATED		b. WEEKS	c. DAY	S	d. HOURS	15. SERVICE END DATE (YYYYMMDD)			
16.a. VOLUNTEER SIGNATURE	b. PARENT/GUARDIAN SIGNATURE (If volunteer is under age 18)			E OF SUPERV First, Middle II		SUPERVISOR'S SIG	GNATURE	c. DATE SIGNED (YYYYMMDD)	