

VOLUNTEER APPLICATION (Continued)

WORK EXPERIENCES (If applicable, please fill in information about your current employment.)

Currently Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Employment Position / Title	Current Employment Telephone
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Current Employment Address

PRIOR WORK EXPERIENCES (Please be as descriptive as possible.)

Prior Work / Volunteer Experiences

Certifications / Licenses Achieved

VOLUNTEER WORK INTEREST (Please be as descriptive as possible.)

Date Able to Start Volunteer Work?	What type of volunteer jobs are you most interested in?
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What days of the week and hours are you are you available?

Mondays : - :	Tuesdays : - :	Wednesdays : - :	Thursdays : - :	Fridays : - :
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Foreign Language Ability? <input type="checkbox"/> Yes <input type="checkbox"/> No	List Foreign Languages Spoken
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Limited Physical Activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	If necessary for you to limit your physical activity, please state reason (pregnancy, etc.)
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What skills are you looking to build? (Please be specific. We hope to tailor your volunteer experience to the skills you have and wish to acquire/build.)

What type of education / experience can we help you acquire through your volunteer time?

Please List any Other Skills You May Have

VOLUNTEER'S RESPONSIBILITY

- To complete a volunteer Application and return it to the Volunteer Coordinator.
- To be interviewed by the Volunteer Coordinator.
- To be sincere in offering service and be willing to commit oneself for a specific service and period of time.
- To follow agency policies, procedures, and guidelines.
- To maintain the same responsibility toward sensitivity of case records as paid staff. Violation of Privacy Act requirements will result in termination of volunteer service.
- To accept the guidance and decisions of the Volunteer Coordinator or supervisor.
- To follow procedures outlined by their supervisors in case of illness or if unable to perform their duties.
- To maintain accurate records of the volunteer hours completed and any training received. A record of accumulated hours will be documented and reported to the Volunteer Coordinator by the last working day of each month.
- To inform the Volunteer Coordinator and supervisor when terminating volunteer service.

Statement of Understanding <i>I have read the Volunteer's Responsibility and fully understand its contents. I certify that the information provided by me in this Volunteer Application is true and correct to the best of my knowledge and belief.</i>	Signature of Applicant
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DEPARTMENT OF THE NAVY

VOLUNTEER APPLICATION

Fleet and Family Support Center, U.S. Naval Air Facility Atsugi Japan

Instructions

This information will be kept confidential and is for official purposes only. Please complete all requested information below. If something is not applicable, please indicate with "N/A." Also, please sign up for the next Volunteer Orientation Class of FFSC. Front Desk person will give you the date.

Date of Application

VOLUNTEER PERSONAL INFORMATION

Last Name (Include Sr., Jr., II, III, etc.)		First Name		MI.	Rate/Rank
Telephone (Work)	Telephone (House)	Telephone (Cellular)	E-Mail Address		
Command	PRD	Date of Birth	Local Residence Address (FPO Address)		

Civilian Status (If Applicable)

Military Family Member Federal Employee Other _____

Military Status (If Applicable)

Active Duty Reserves Retired Other _____

Branch of Service

U.S. Navy U.S. Marine Corps U.S. Army U.S. Air Force Other _____

VOLUNTEER SPONSOR CONTACT INFORMATION

(Required to complete if you are a dependent family member i.e. spouse, children, etc.)

Last Name (Include Sr., Jr., II, III, etc.)		First Name		MI.	Rate/Rank
Telephone (Work)	Telephone (House)	Telephone (Cellular)	E-Mail Address		
Command	PRD	Relationship	Local Residence Address (FPO Address)		

Civilian Status (If Applicable)

Military Family Member Federal Employee Other _____

Military Status (If Applicable)

Active Duty Reserves Retired Other _____

Branch of Service

U.S. Navy U.S. Marine Corps U.S. Army U.S. Air Force Other _____

EMERGENCY POINT OF CONTACT

Name (Last, First MI.)	Rate/Rank	Telephone Number	Relationship
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EDUCATION

Education Level

GED High School Some College College Degree Advanced Degree

Degrees, Licenses, Certifications, etc.