

Volunteer Application

"The 2015 Kaneohe Bay Air Show"

Oct 16th, 17th, & 18th

Shifts are:

Friday	16 Oct 2015	0800-1630	0900-1730	1000 - 1830
Saturday	17 Oct 2015	0800-1630	0900-1730	1000 - 1830
Sunday	18 Oct 2015	0800-1630	0900-1730	1000 - 1830

8-hour shift will earn you:

- The Kaneohe Bay T-Shirt
- Air Show Water Bottle
- Volunteer Meal (30 min meal break)
- Letter or Certificate of Appreciation, Certificate of Commendation w/24 hrs

You must be 18 years and older, AND willing to provide service with a smile.

NAME: _____ RANK: _____

(PLEASE WRITE OUT YOUR EXACT RANK FOR CERTIFICATES ETC...)

UNIT NAME: _____

CONTACT PHONE NUMBERS: (H) _____ (C) _____

EMAIL: _____

PERMANENT MAILING ADDRESS: Street: _____

City: _____ State: _____ Zip Code: _____

Please return your completed application to the Food & Hospitality Office,
(In the courtyard of Bldg 244) Monday through Friday 0800-1630.

Thank you for supporting The Kaneohe Air Show 2015
Please complete the Official sign up form located on the back

CIVILIAN FORM

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. NAME OF VOLUNTEER (Last, First, Middle Initial)	2. LAST FOUR DIGITS OF SSN	3. DATE OF BIRTH (YYYYMMDD)
4. MAILING ADDRESS, CITY, STATE AND ZIP CODE	5. WHERE SERVICE OCCURS/ORGANIZATION/UNIT Kaneohe Marine Corps Base Hawaii, MCCS/Flight-Line	
6. OCCURS PROGRAM WHERE SERVICE "The 2015 Kaneohe Bay Air Show"	7. ANTICIPATED DAYS FRI SAT SUN	8. ANTICIPATED HOURS 8 16 24

9. OF VOLUNTEER SERVICES DESCRIPTION (Please circle one)

FOOD, BEVERAGE, ICE CREAM, RUNNERS, ID CHECKERS.

PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES

10. CERTIFICATION

~~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 suites 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 services 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. SIGNATURE OF VOLUNTEER	b. SIGNED (YYYYMMDD) DATE
11.a. TYPED NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial)	b. SIGNATURE
c. DATE SIGNED (YYYYMMDD)	

PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES

12. CERTIFICATION

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 1589(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. SIGNATURE OF VOLUNTEER	b. SIGNED (YYYYMMDD) DATE
13.a. TYPED 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

14. AMOUNT OF VOLUNTEER TIME DONATED	15. SIGNATURE	16. TERMINATION DATE (YYYYMMDD)				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">a. YEARS (2,087 hours=1 year)</td> <td style="width: 25%; padding: 2px;">b. WEEKS</td> <td style="width: 25%; padding: 2px;">c. DAYS</td> <td style="width: 25%; padding: 2px;">d. HOURS</td> </tr> </table>	a. YEARS (2,087 hours=1 year)	b. WEEKS	c. DAYS	d. HOURS		
a. YEARS (2,087 hours=1 year)	b. WEEKS	c. DAYS	d. HOURS			
17.a. TYPED NAME OF SUPERVISOR (Last, First, Middle Initial) KUNICHIKA, KENDRICK, T	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)				