

# Volunteer Application Packet

19 JANUARY VERSION

## **Family Readiness**

### **Volunteer Application Checklist**

All statutory volunteers are required to submit a formal application for their position. All applications for statutory volunteers must be submitted in writing using the documents indicated below.

**A complete application must include the following (Please print clearly):**

Application Form – Complete all areas and sign.

Privacy Act Statement - Review

Non-Disclosure Agreement – Review and sign

Ethics/Confidentiality Statement – Review and sign

Signed DD Form 2793 – Volunteer Agreement (The regional FRSA can provide form specifics)

Applicable Job Description – Provide the applicable job description to the applicant. The applicant signs one copy to verify receipt, retains second copy

Customer Rights Policy – Retained by the applicant

Local Complaint Procedures – Retained by the applicant

Child and Youth Volunteers Must Contact State Child and Youth Office at 608-242-3466 for additional instructions and paperwork.

The volunteer applicant and Commander/Military Point of Contact must fill out this checklist form along with the application documents as indicated. Completed application packets are forwarded to the regional Family Readiness Support Assistant (FRSA) for filing in the permanent record system.

## **PRIVACY ACT STATEMENT – VOLUNTEER APPLICATION**

**AUTHORITY:** The Privacy Act of 1974, 10 U.S.C. 1588, DOD 5400-11-R

**PRINCIPAL PURPOSES(S):** To apply for a volunteer position in the Wisconsin Army National Guard Family Program.

**ROUTINE USE(S):** To be used to determine the individual's suitability for volunteer positions in the Wisconsin Army National Guard. May be used to verify individual's qualifying experience.

**DISCLOSURE:** Voluntary, however, we need the information requested in this form and in the associated vacancy announcements to evaluate your qualifications. Failure to furnish the requested information may delay or prevent action on your application. We use the information you provide to seek information about you from employers, government agencies, and others who know you. If you do not give us the information requested, we cannot process your application. Incomplete addresses and ZIP Codes will slow processing. We may confirm information from your records concerning the tenure of your employment.

**Wisconsin National Guard Family Program Volunteer Application**

Date of Application: \_\_\_\_\_ Position: \_\_\_\_\_

Unit: \_\_\_\_\_ Are you currently a member of the Armed Forces    Y    N

Name (Last, First, M.I.): \_\_\_\_\_ Are you at least 18?    Y    N

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail address(s): \_\_\_\_\_

Are you a student:    Y    N    School Name: \_\_\_\_\_

Field of study: \_\_\_\_\_ Degree Program: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Job Title \_\_\_\_\_

Special skills: Please describe any professional or personal specialized training, computer skills, apprenticeships, certifications, skills, extra-curricular activities or additional experience you bring to this position.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you volunteered with the National Guard in the past?    Y    N    Dates: \_\_\_\_\_

Position: \_\_\_\_\_ Reason you left: \_\_\_\_\_

Why are you interested in volunteering with the National Guard \_\_\_\_\_

Do you need any special accommodations to volunteer?    Y    N    If yes, what?

\_\_\_\_\_

Do you have a current driver's license?    Y    N

Do you have auto insurance?    Y    N

Do you have foreign language skills?    Y    N

I understand this is an unpaid position    Y    N

List all convictions, other than traffic violations. (No applicant will be denied a position because of a conviction or pending criminal charge if it is determined it is substantially not related to the circumstances of the position being sought.)

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I understand that a background check and fingerprint search are required prior to appointment to the volunteer position. Y N

REFERENCES: Please list three people familiar with your qualifications and skills.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Years Known \_\_\_\_\_

PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM (Initial each box):

I understand that this is an application and not a commitment or promise of volunteer appointment.

I understand that this is an unpaid position, and that acceptance into the volunteer program is contingent on the successful completion of a background investigation and fingerprint record check.

If accepted as a volunteer, I agree to attend training within 90 days of notification of acceptance. I will also create an account on [www.jointservicesupport.org](http://www.jointservicesupport.org) and log all volunteer hours on a weekly basis, not later than the end of the calendar month.

I authorized the State Family Programs Office to investigate my responses on this application.

I understand that information misrepresented or omitted from this application can be cause for immediate rejection as an applicant for a volunteer position, or termination as a volunteer.

I HAVE READ, UNDERSTAND AND AGREE TO THE FIVE (5) ABOVE STATEMENTS. I CERTIFY THAT THIS APPLICATION IS ACCURATE TO THE BEST OF MY ABILITY, AND WAS COMPLETED BY THE UNDERSIGNED.

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

Special Skills Details:

1. Is there a particular volunteer position you are Interested in? What skills are you bringing to the table to support your selection?

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2. Do you have any experience working in a leadership position and if so, where?

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3. What were the particular job responsibilities with this position that made you a leader?

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4. Did you enjoy taking on a leadership role and can you take direction?

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5. Do you have experience dealing with conflict resolution and if yes, how?

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6. What would you say your personal leadership style is (Circle which one applies):

A. Hands off

D. Do it myself so I know it gets done

B. Delegate, delegate, delegate

E. Lead by example

C. Hands on

7. Do you work well as part of a team? Please give an example:

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8. Do you have any experience planning and executing events and if so what?

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9. Can you? (Check all that apply)

Use an existing Microsoft Excel spreadsheet

Use Microsoft Word

Use Microsoft PowerPoint

Use and have access to the internet

Use email

Put attachments in an email

10. Are you comfortable speaking in front of an audience? \_\_\_\_\_

11. How many hours are you available per month to devote to Family Readiness tasks? \_\_\_\_\_

**Volunteer Confidentiality Statement/Consent to Records Check/Code of Ethics**

**Volunteer Confidentiality Statement:**

I, the undersigned, do hereby acknowledge that in my volunteer role for the Wisconsin National Guard Family Program, I may have access to confidential information.

I agree that I shall not disclose any such confidential information maintained by the Wisconsin National Guard to any unauthorized person(s), and I will adhere to confidentiality guidelines of the National Guard (available upon request).

I acknowledge and agree that disclosure, by me, of confidential information, obtained by me, at any time, during my service as a volunteer will lead to the termination of my status as a volunteer for the Wisconsin National Guard Family Programs.

I acknowledge that if I am accepted for volunteer service in the Wisconsin Army National Guard that I must consent to a local records check through CCAP (a database maintained by the Wisconsin Court System).

I also acknowledge that I must provide references to the Wisconsin Army National Guard that will be verified upon my acceptance for volunteer service.

**Volunteer Code of Ethics:**

As a Wisconsin National Guard Family Program Volunteer:

I am a professional. I realize that I am subject to the same Code of Ethics that binds all professionals within the National Guard. I accept these responsibilities and respect matters of confidentiality.

I understand that as a volunteer, I have agreed to work without monetary compensation, with the exception of mileage and per diem, as determined by the Wisconsin National Guard Family Programs Office.

Having accepted this position, I will do my work according to the same standard operating procedures as paid staff/contractors are expected to carry out their work.

I believe that all work should be carefully planned and carried out, in a professional manner.

I will work with the Commander, MPOC, Family Programs Office and other volunteers to ensure that I am performing the duties expected from me, in a timely and professional manner.

I promise to work with an open mind and be flexible in all situations so that my performance is a benefit to the families, Service members and staff within the National Guard Community.

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

**Print your name** \_\_\_\_\_

WI National Guard

Privacy Act Statement/ Confidentiality Agreement

While volunteering with the WI National Guard, you may have access to Protected Personal Information (PPI) and confidential information regarding the service member, family, business practices, or property of the Family Programs for the WI National Guard. Under the Privacy Act of 1974 and other relevant laws, the WI National Guard and Family Programs Office require that you sign this confidentiality statement to ensure that you understand your obligations to keep all of this information confidential.

I understand that federal and state laws and regulations require that PPI be kept strictly confidential, and that this includes information that is spoken, written, or in a computerized format. These laws and regulations require that PPI be accessed, used, and disclosed on a need-to-know only basis. This applies to any information about a person’s physical or mental status, the fact that they might be requesting any kind of assistance, or even basic information such as the clients name or where they live.

I understand that any information including, but not limited to, the operations, and business practices, as well as any PPI must be kept confidential; and, in no way is this agreement a transfer of the rights to this information to me or any other party and that the WI National Guard and Family Programs Office maintains sole ownership to the rights to this information.

I agree that I will keep all PPI and any information including, but not limited to, the operations and business practices, as well as any PPI confidential and will use it only for the purposes associated with the phone call, email or visit and will not disclose this information to any third parties.

I also agree to not copy any information including, but not limited to, the operations and business practices, as well as any PPI unless it is for a use associated with the purpose of the phone call, email, or visit.

I understand that I am prohibited from using this experience to recreate the process developed with this operation that has resulted in confidential information including, but not limited to, the operations and business practices, as well as any PPI of the client.

I understand that there are legal penalties for violating client confidentiality, laws infringing on confidential business practices, information and property rights and that the WI National Guard and Family Programs Office in federal or state court may seek these penalties.

**OPERATIONS SECURITY (OP SEC)**

I understand that any Military OP SEC information to include but not limited to: mission details, location, number of service members, security procedures, any information regarding unit deployment, and personnel transactions needs to remain confidential and not to be released to anyone for any reason.

I understand that any Family OP SEC information to include but not limited to name, addresses, phone numbers, email addresses, and social security numbers should not be released or published in any manner to avoid this information getting into the hands of adversaries.

I understand that there are legal penalties for violating the rules of OP SEC and the Privacy Act of 1974, and that the WI National Guard and Family Programs Office may seek these penalties in federal or state court.

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

Print Name: \_\_\_\_\_

Command Signature \_\_\_\_\_ Date \_\_\_\_\_