

Volunteer Application Packet

1 JANUARY 2020 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):

- Privacy Act Statement - Review
- Application Form - Complete all areas and sign
- Non-Disclosure Agreement – Review and sign
- Ethics/Confidentiality Statement – Review and sign
- Completed and signed Defense Travel System (DTS) form

The volunteer applicant 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 processing and filing in the permanent record system.

ATTACHED FORMS FOR YOUR REFERENCE

Job Description – Retained by the applicant

Customer Rights Policy – Retained by the applicant

Local Complaint Procedures – Retained by the applicant

PLEASE NOTE: Child and Youth Volunteers must contact the State Child and Youth Office at 608-301-8246 for additional instructions and paperwork.

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, please describe.

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

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?

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

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

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

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

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:

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

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? _____

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.)

I understand that a background check and fingerprint search may be 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 log all volunteer hours no 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.
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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: _____

Ethics/Confidentiality Statement

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.

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 possible 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
Non-Disclosure Agreement

While volunteering with the WI National Guard, you may have access to Personally Identifiable Information (PII) 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 PII be kept strictly confidential, and that this includes information that is spoken, written, or in a computerized format. These laws and regulations require that PII 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 PII 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 PII and any information including, but not limited to, the operations and business practices, as well as any PII 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 PII 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 PII 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 (OPSEC)

I understand that any Military OPSEC 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 OPSEC information to include but not limited to name, addresses, phone numbers, and email addresses 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 OPSEC 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 _____

Defense Travel System (DTS) Civilian Profile Information

Social Security Number	
First Name	
Middle Initial	
Last Name	
Date Of Birth (TSA Requirement for airfare)	
Email Address	
Mailing Address	
Resident Address (if different)	
Resident Phone Number	
Emergency Contact Name	
Emergency Contact Phone #	
Name and Address of Banking Institution	
EFT Account Type	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Bank Routing Number	
Bank Account Number	
Signature: _____ Date: _____	
SSG Jarrod Brown jarrod.w.brown4.mil@mail.mil Phone: 608.427.7305	
<small>AUTHORITY: 10 U.S.C, 3013 E.O. 9397, 5 U.S.C., Section 301, 552 a (b), 5701 and 5702, 31 U.S.C. 3511, 3512, 3523 PRINCIPLE PURPOSE: In processing procedure for profiles in the Defense Travel System (DTS) ROUTINE USE: Information from this form is used to create/update DTS Profiles DISCLOSURE: Voluntary, however, failure to provide the information will result in the inability to process travel document for the traveler.</small>	

WISCONSIN NATIONAL GUARD FAMILY PROGRAM VOLUNTEER DUTIES & RESPONSIBILITIES

VOLUNTEER POSITION: UNIT LEVEL FAMILY READINESS ADVISOR

MISSION / OBJECTIVE: The mission of the family readiness program is to help Service members and their designated points of contact to manage the challenges of daily living experienced in the unique context of military service. Family readiness volunteers assist the commander in the execution of their programs.

The primary objective of the family readiness advisor is to serve as the communication link between the commander and the service member designated primary and alternate points of contact.

QUALIFICATIONS: A qualified candidate will possess strong communication and computer skills (word, basic excel skills), ability/willingness to learn how to use a secure digital resource (vFRG) and work as a team member under the guidance of the unit commander, supported by the Military Point of Contact (MPOC) and duty appointed volunteers at the battalion and MSC level as directed by the MSC Commander's Standard Operations Procedure (SOP). Candidate must complete a volunteer application, interview with commander prior to appointment and successfully pass fingerprint/background check within 30 days of appointment.

GOALS AND OBJECTIVES OF FAMILY READINESS:

1. Prevent, identify, and address family readiness-related challenges in order to maintain unit cohesion and operational readiness.
2. Provide a network of high-quality integrated services and support that mitigate the challenges of daily living and those associated with the military lifestyle.
3. Develop family readiness services that emphasize personal growth, positive development, and improved individual and point of contact (family) functioning.

The family readiness advisors serve as consultants to commanders in these goals and objectives.

DESCRIPTION OF DUTIES & RESPONSIBILITIES:

1. Support the commander's mission and vision of family readiness.
2. Support the mission and vision for family readiness across all levels of the chain of command.
3. Execute the MSC's Family Readiness Communication Plan/SOP.
4. Work with the commander, Military Point of Contact (MPOC), MSC and Battalion Family Readiness Advisors to establish goals and objectives for the unit/command family readiness program.
5. Execute the family readiness program in accordance with applicable Army Regulations, military directives, and MSC Family Readiness SOP.
6. Welcome new families into the unit through an established sponsorship program.
7. Refer crisis calls to Commander/designated individual for appropriate referral.
8. Communicate command authorized family readiness information to POCs using newsletters, telephone contact rosters, text messages, email distribution lists, vFRG sites, and social media.
9. Work with volunteers (statutory and/or gratuitous) and the commander to coordinate and plan unit family readiness activities that inform, prepare, and empower soldiers, families, and designated points of contact to successfully navigate the challenges of military lifestyle.
10. Assist commanders with recognizing volunteers and any other person(s) contributing to unit family readiness.
11. Participate when available in Soldier Readiness Process (SRP) and Badger Yellow Ribbon events conducted for your unit.
12. Register and use the vFRG site (www.armyfrg.org).
13. Track volunteer hours by the end of the month using the site (www.surveymonkey.com/r/volunteerhrs).
14. Expected amount of volunteer hours / week: approx. 2 hours

RESOURCES: The State Family Readiness staff, MSC and Battalion Family Readiness Advisor and Command Leadership team are your primary resources.

BENEFITS: Develop and enhance leadership, marketing and communication skills.

TRAINING / SUPERVISION: Attend all mandatory Family Readiness trainings, workshops and summits. Volunteer will be supervised by commander or designated individual.



Customer Rights and Responsibilities



All persons obtaining services from the Wisconsin National Guard- Service Member Support Division (SMSD) offices are entitled to certain rights and also subject to certain responsibilities. The observance of these rights and responsibilities by both customers and the SMSD Staff is vital to ensuring that services are delivered in an appropriate and efficient manner.



AS OUR CUSTOMER, YOU HAVE THE RIGHT TO:

- Reasonable and impartial access to services regardless of race, creed, gender, national origin, religion, physical disabilities, rank or sexual orientation.
- Considerate and supportive services with regard for your comprehensive fitness (Mental, Spiritual, Social and Physical.)
- Personal privacy and confidentiality.
- Knowledgeable, competent and cooperative staff.
- Prompt, accurate and reasonable response to your questions and requests.
- Receive applicable and accurate information relevant to assessing your needs.
- Provide feedback on services received.
- Be informed of rights and responsibilities applicable to you as a customer.

AS OUR CUSTOMER, IT IS YOUR RESPONSIBILITY TO:

- Provide accurate, complete information and required documentation to support the services requested.
- Communicate updated changes in your status and personal information since your last visit.
- Provide staff member's feedback about your needs and expectations, desired services and satisfaction.
- Ask questions to ensure you understand instructions and information.

STATEMENT OF UNDERSTANDING

You can expect the Service Member Support Division staff to respect your right to privacy. However, the staff is not provided complete privileged communication. As in civilian life, SMSD staff members are required by law, with or without your consent to contact proper authorities if:

1. Staff believes you intend to harm yourself or others and/or;
2. If a family member is suspected of maltreatment, molestation, child neglect or drug use.

