



# Volunteer Application

Information provided on this form is subject to the provisions of the Privacy Act of 1974



PART 1: PERSONAL INFORMATION			
NAME (LAST, FIRST MIDDLE INITIAL)	PREFIX (MR, DR, ETC)	SUFFIX (JR, III, ETC)	SSN
	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DOB
HOME ADDRESS		HOME E-MAIL	
		HOME TELEPHONE	
		FAX	
BUSINESS ADDRESS (If applicable)		BUSINESS E-MAIL	
		BUSINESS TELEPHONE	
		BUSINESS FAX	
PREFERRED MAILING ADDRESS <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS	PREFERRED E-MAIL ADDRESS <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS		MOBILE TELEPHONE

PART 2: BACKGROUND INFORMATION	
CIVILIAN BACKGROUND (Briefly describe civilian experience: Field of Work, Positions Held, etc.)	
MILITARY BACKGROUND (If applicable) (Military experience is NOT a prerequisite for Committee membership)	SERVICE AFFILIATION:
	CURRENT STATUS (Ret, AD, Drilling, etc.)
	YEAR OF RETIREMENT (If applicable)
SPECIALIZED SKILLS (Please describe any special skills which might be useful to the Committee: Public Speaking, Mediation Training, Marketing, Event Planning, etc.)	
INTEREST AREA Is there a specific area of ESGR activities that interests you (e.g., Employer Outreach, Military Outreach, Ombudsman Support)? If so, please specify.	INVOLVEMENT How many hours per month (or week) are you able to volunteer at the present time?

PART 3: COMMITTEE USE ONLY	
REQUIRED FORMS DD2793 VOLUNTEER FORM <input type="checkbox"/> FMS 2231 DIRECT DEPOSIT FORM <input type="checkbox"/> PRIVACY ACT FORM <input type="checkbox"/>	
INITIAL COMMITTEE ASSIGNMENT (i.e., Ombud, Employer Outreach, General, etc.)	DATE APPOINTED (Month/Year)
REMARKS	
SIGNATURE OF ESGR COMMITTEE CHAIR (or Designated Representative)	DATE SIGNED
FORWARD TO NCESGR DD2793 VOLUNTEER FORM (ORIG) <input type="checkbox"/> FMS 2231 DIRECT DEPOSIT FORM (ORIG) <input type="checkbox"/> PRIVACY ACT FORM (COPY) <input type="checkbox"/> VOLUNTEER APPLICATION FORM (COPY) <input type="checkbox"/>	ESGRnet ACCOUNT ESTABLISHED <input type="checkbox"/> <b>NOTE: FIELD COMMITTEES ARE NOT AUTHORIZED TO ESTABLISH ESGRnet ACCOUNTS FOR ANY VOLUNTEER UNTIL ALL THREE (3) FORMS AT LEFT ARE COMPLETED AND FORWARDED TO NCESGR.</b>

**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**

<b>1. TYPED NAME OF VOLUNTEER</b> <i>(Last, First, Middle Initial)</i>		<b>2. SSN</b>	<b>3. DATE OF BIRTH</b> <i>(YYYYMMDD)</i>
<b>4. INSTALLATION</b>		<b>5. ORGANIZATION/UNIT WHERE SERVICE OCCURS</b>	
<b>6. PROGRAM WHERE SERVICE OCCURS</b>		<b>7. ANTICIPATED DAYS OF WEEK</b>	<b>8. ANTICIPATED HOURS</b>
<b>9. DESCRIPTION OF VOLUNTEER SERVICES</b>			

**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 suits 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 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 I will be providing.

<b>a. SIGNATURE OF VOLUNTEER</b>		<b>b. DATE SIGNED</b> <i>(YYYYMMDD)</i>	
<b>11.a. TYPED NAME OF ACCEPTING OFFICIAL</b> <i>(Last, First, Middle Initial)</i>	<b>b. SIGNATURE</b>	<b>c. DATE SIGNED</b> <i>(YYYYMMDD)</i>	

**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 1588(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.

<b>a. SIGNATURE OF VOLUNTEER</b>		<b>b. DATE SIGNED</b> <i>(YYYYMMDD)</i>	
<b>13.a. TYPED NAME OF ACCEPTING OFFICIAL</b> <i>(Last, First, Middle Initial)</i>	<b>b. SIGNATURE</b>	<b>c. DATE SIGNED</b> <i>(YYYYMMDD)</i>	

**PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR**

<b>14. AMOUNT OF VOLUNTEER TIME DONATED</b>				<b>15. SIGNATURE</b>	<b>16. TERMINATION DATE</b> <i>(YYYYMMDD)</i>
<b>a. YEARS</b> <i>(2,087 hours = 1 year)</i>	<b>b. WEEKS</b>	<b>c. DAYS</b>	<b>d. HOURS</b>		
<b>17.a. TYPED NAME OF SUPERVISOR</b> <i>(Last, First, Middle Initial)</i>				<b>b. SIGNATURE</b>	<b>c. DATE SIGNED</b> <i>(YYYYMMDD)</i>

**PRIVACY ACT STATEMENT RELEASE FORM**

**For use by All ESGR Committee Members**

In order to meet privacy act requirements in providing contact information, including email addresses and telephone numbers, to ESGR Committee members through the secure web site (ESGRNet) or to the public through the public web site (esgr.org), we must have each person's written permission.

For all members, we must have the following statement filled out, signed and the original document returned via U.S. mail.

**Authority:**

**5 USC 301 and DoD Directive 1250.1.** ( National Committee for Employer Support of the Guard and Reserve )

**Principle Purpose:**

To obtain contact information about you for purposes of providing such information to ESGR Committee Members and others so that you may be contacted incident to, and in furtherance of, ESGR-related volunteer activity. Contact information will be posted to a non-public (secure) (ESGRNet) and/or public website ([www.esgr.org](http://www.esgr.org)). Such posting will be made only with your express consent.

**Routine Use of Information:**

Contact information is disclosed to Federal, State, and local agencies; other organizational entities; and individuals outside the Department of Defense solely for purposes of conducting ESGR-related business.

**Disclosure:**

Voluntary. However, failure to provide contact information will preclude ESGR members and others from identifying and contacting you. This will impact on your ability to effectively serve as an ESGR member unless and alternate means of contact is established.

**ESGR COMMITTEE MEMBER**

STATE OR TERRITORY: CALIFORNIA

COMMITTEE POSITION: MEMBER

FULL NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

**Please provide one or all of the applicable modes of contact for ESGR-related business:**

**Phone (Please Specify home or business)** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

Please indicate your agreement by signing the following:

I grant permission to the National ESGR to publish my contact information on the Secure web site (ESGRNET)

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

In addition, if you are either the State Chair, Executive Director, Ombudsman Coordinator, Public Affairs Coordinator, Unit Liaison Coordinator, or Employer Relations Coordinator please indicate your agreement by signing the following:

I grant permission to the National ESGR to publish the above information on the ESGR web site ([www.esgr.com](http://www.esgr.com))

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

Please mail this **original** document to:  
Volunteer Coordinator  
National ESGR 1555 Wilson Blvd, Suite 319 Arlington, VA 22209

**FAST START**



**INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS**

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

**1. EMPLOYEE INFORMATION**

(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER

EMPLOYEE NAME   
(as on payroll records)  
(Last, First, Initials)

TELEPHONE NUMBER (WORK)  (HOME)

**2. TYPE OF ACCOUNT**

Checking  
 Savings

**3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER** (Use Sec. 4 for allotments)  
A voided personal check/sharedraft may be attached in lieu of completing this section.  
See instructions on back of this form.

**TYPE OF PAYMENT**

Net Pay  
 Travel  
 Other Federal employment related payments

ROUTING TRANSIT NUMBER   Check Digit

ACCOUNT NUMBER

ACCOUNT TITLE \_\_\_\_\_  
(Account Holder's Name)

FINANCIAL INSTITUTION NAME \_\_\_\_\_

**4. ALLOTMENT INFORMATION**  
Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

**TYPE OF ALLOTMENT**  
(Check One)

Savings (whole dollar amounts only)  
 Discretionary or Third Party

**TYPE OF ACCOUNT**  
(Check One)

SAVINGS  
 CHECKING

**ACTION**  
(Check One)

START  
 CANCEL  
 CHANGE

**AMOUNT**  
(Check One)

INCREASE TO:  
 DECREASE TO:  
New Total \$ \_\_\_\_\_

ALLOTTEE NAME (person/company who will receive allotment)

ALLOTTEE'S ROUTING NUMBER   Check Digit

ALLOTTEE'S ACCOUNT NUMBER

ALLOTTEE'S ACCOUNT TITLE (Account Holder's Name) \_\_\_\_\_

FINANCIAL INSTITUTION NAME \_\_\_\_\_

**5. AUTHORIZATION**

\* \_\_\_\_\_  
EMPLOYEE'S SIGNATURE DATE

**6. AGENCY USE:**

PRIVACY ACT STATEMENT

The collection of the information you are requested to provide on this form is authorized under 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent.

INSTRUCTIONS FOR PROCESSING FASTSTART AUTHORIZATION

PURPOSE

You may use this form to provide instructions for processing your net salary. You may also use this for to provide instructions for processing allotments and other agency - approved payments associated with your Federal employment.

- 1. EMPLOYEE INFORMATION (always complete this section)
2. TYPE OF ACCOUNT/PAYMENT (Put an "X" in the appropriate space to indicate a checking or savings account and type of payment.)
3. DIRECT DEPOSIT ACCOUNT INFORMATION
ROUTING TRANSIT NUMBER (your financial institution's 9-digit routing transit number)
ACCOUNT NUMBER (your account number at your financial institution)
ACCOUNT TITLE (the depositor's name on the account to which payments are to be directed)
FINANCIAL INSTITUTION NAME (the name of the institution to which payments are to be directed)

The Routing Transit Number (RTN) can be obtained from the financial institution or found on the bottom of a check.

- 1. ROUTING TRANSIT NUMBER - Here you would put "021001082"
2. ACCOUNT NUMBER - Here you would put "123-456-789". Note the use of the dash symbol.
3. ACCOUNT TITLE (must include employee name)
4. FINANCIAL INSTITUTION NAME
5. If your check or sharedraft includes "payable through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for Direct Deposit processing.

4. ALLOTMENT INFORMATION

ALLOTMENT TYPE

SAVINGS (If this option is checked, this will allow the specified allotment to be credited to an account owned by the payee.) Savings allotments are limited to two. Savings allotments must be in whole dollar amounts (no cents). The dollar amount of allotments may not exceed the pay due an employee per pay period.

DISCRETIONARY OR THIRD PARTY (If this option is checked, this will allow the specified allotment to be credited to an account not owned by the payee.) Certain restrictions may apply as to the kind of allotments your agency will allow. Check with your agency to determine what kinds of allotments it will allow. ANY CHANGES TO THE ALLOTMENT INFORMATION FURNISHED ON THIS REQUEST MUST BE MADE USING A NEW FASTSTART FORM.

TYPE OF ACCOUNT (Put an "X" in the appropriate space to indicate a checking or savings account.)
ACTION (Put an "X" in the appropriate space to indicate start/cancel/change.)
AMOUNT (Put an "X" in the appropriate space to indicate if an allotment is an increase, decrease and always indicate \$ amount.)

ALLOTTEE'S ROUTING NUMBER: Enter person's/company financial institution 9-digit routing transit number.
ALLOTTEE'S ACCOUNT NUMBER: Enter the account number to which the allotment payment will be deposited.
ALLOTTEE'S ACCOUNT NUMBER: Enter account holder's name on the account at the financial institution.
FINANCIAL INSTITUTION NAME: Enter the name of the financial institution to which the payment should be sent.

5. AUTHORIZATION

Sign and date the request form after you have carefully read the instructions and Privacy Act Statement.

6. AGENCY USE (This space is reserved for agency use.)

CHANGES AND CANCELLATIONS - Contact your agency for instructions.

# BUSINESS CARDS



[Name] \_\_\_\_\_

Title: Member  
California

Address \_\_\_\_\_ H or O: \_\_\_\_\_

city, st, zip \_\_\_\_\_ F: \_\_\_\_\_

e-mail \_\_\_\_\_ C: \_\_\_\_\_

[www.esgr.mil](http://www.esgr.mil)

Up to 3 lines for phone numbers, select from list:

H: = home phone

F: = fax number

O: = office phone

C: = cell phone

# NAMETAG



[Name] \_\_\_\_\_

Member

# ESGR APPAREL ORDER --

→ **NOTE-- Check-mark ONLY 1 (one) shirt - OR - 1 (one) jacket per order:**

**Mark Box for MENS' OR LADIES'**

MEN'S APPAREL

LADIES' APPAREL

**Mark corresponding SIZE Box**

SMALL

MEDIUM

LARGE

X-LARGE

XX-LARGE

XXX-LARGE

Select Shirt Style

Select Color Option

Ladies only Twill (\$26.13)

Golf Shirt (Men-\$36.19) (W-\$33.19)

Wrinkle-Resistant L/S Shirt (\$26.13)

L/S Denim Shirt L/S (\$27.78)

Landscape Jacket (\$47.53)

White  Stone

White  Khaki  Navy

White  Linen  Navy

Blue Only

Khaki Only