

**TRAVIS AFB HERITAGE CENTER  
VOLUNTEER ETHICS AND STANDARDS  
ACKNOWLEDGEMENT AND ACCEPTANCE AGREEMENT**

The Travis AFB Heritage Center and the 60 AMW acknowledges the significant contributions made by the Center volunteers and uses this standard of acceptance to ensure protection to both entities.

I will:

- Agree to reference checks, fingerprinting and criminal investigation if required
- Disclose arrest and conviction records, imprisonment or parole actions
- Identify commercial employment or personal enterprise to avoid all conflict of interest
- Safeguard heritage center property and not remove or use government property for personal gain
- Interpret aviation and Air Force history without prejudice or exaggeration
- Enforce and comply with all heritage center rules, policies and procedures
- Represent myself as a volunteer and not an official heritage center spokesman to media or others
- Accept responsibility for my actions and attitude
- Maintain acceptable appearance, dress and grooming
- Exhibit respect, courtesy, helpfulness to all regardless of race, religion, ethnic origin, age, gender, physical/mental capacity or economic/social/military status

I will not:

- Accept gifts or favors offered in trade for service
- Make claims for financial reimbursement in exchange for service rendered
- Disclose privileged information
- Act as an official of the heritage center
- Interfere with staff or those conducting official business during operating hours
- Exhibit privilege or self-magnification to others

**Failure to comply is cause for dismissal**

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

**VOLUNTEER AGREEMENT FOR**

**APPROPRIATED FUND ACTIVITIES**

**NONAPPROPRIATED FUND INSTRUMENTALITIES**

**PART I - GENERAL INFORMATION**

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

**PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES**

**9. 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.

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

**PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES**

**11. 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.

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

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

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

PLEASE MAIL COMPLETED FORM TO AF SPACE & MISSILE MUSEUM, 191 MUSEUM CIRCLE, PATRICK AFB, FL 32925

<b>USAF MUSEUM SYSTEM VOLUNTEER APPLICATION/REGISTRATION</b>				DATE		OMB No. 0701-0127 Expires Jul 31, 2000		
<p>The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0701-0127), 1215 Jefferson Davis Highway, Suite 1204, Arlington VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR APPLICATION TO THE ABOVE ADDRESS. RETURN COMPLETED APPLICATION TO THE ADDRESS SHOWN ON THE APPLICATION INSTRUCTION SHEET.</p>								
<p align="center"><b>PRIVACY ACT STATEMENT</b></p> <p><i>AUTHORITY: 10 U.S.C. Sec 8013, SAF powers and duties; delegation by compensation; and/or 5 U.S.C. 301, Department Regulations.</i></p> <p><i>PRINCIPAL PURPOSE: To obtain data for use by the volunteer coordinator in selecting and placing volunteers in various USAFMS activities and to retrieve information for future requirements.</i></p> <p><i>ROUTINE USES: None</i></p> <p><i>DISCLOSURE IS VOLUNTARY: However, failure to provide the information requested could impede the effectiveness of placing you in the USAFMS volunteer program.</i></p>								
NAME (Last, First, MI)			DATE OF BIRTH		HOME PHONE		WORK PHONE	
ADDRESS (Number & Street)				CITY, STATE, ZIP CODE				
EMPLOYER				OCCUPATION				
<b>EMPLOYED</b>						<b>RETIRED</b>		
FULL TIME		PART TIME		TEMPORARILY		SEEKING EMPLOYMENT	FULLY	PARTIALLY
<b>INTERESTS</b>								
Education		Foundation		Public Affairs		Other (List)		
Tours/Guides		Speakers Bureau		Research				
Restoration		Collections		Exhibits				
Photography/Audiovisual		Mailings		Building Maint/Grounds				
Office		Computer		Gift Shop				
<b>AVAILABILITY</b>			<b>SCHEDULING LIMITATIONS</b>			<b>MINIMUM AVAILABILITY</b>		
Weekdays		AM						
Weekends		PM						
DO YOU PREFER TO WORK WITH SOMEONE IN PARTICULAR?				YES (Specify Name):			NO	
<b>MILITARY SERVICE HISTORY</b>								
BRANCH:								
JOBS/ASSIGNMENTS/SERVICE/SCHOOLS/PME				RANK		YEARS/ERA	AIRCRAFT	
<b>FEDERAL SERVICE HISTORY</b>								
TYPE OF FEDERAL SERVICE				NUMBER OF YEARS		RETIRED		
						YES (Year):	NO	
JOBS PERFORMED				LOCATION				

NON-FEDERAL WORK BACKGROUND (Include career/non-career skills)

EDUCATION/SPECIAL TRAINING

HOBBIES

LIST USAF AIRCRAFT YOU ARE/WERE ASSOCIATED WITH AND YOUR AFFILIATION TO THESE AIRCRAFT.

LIST NON-USAF AIRCRAFT YOU ARE/WERE ASSOCIATED WITH AND YOUR AFFILIATION TO THESE AIRCRAFT

HOW DID YOU LEARN ABOUT THE MUSEUM PROGRAM

Visitor

Organizational Referral

Personal Referral

Other (Specify)

OTHER COMMENTS WHICH WILL PROVIDE USEFUL INFORMATION LIST ANY ROCKETS/MISSILES YOU ARE/WERE ASSOCIATED WITH AND YOUR AFFILIATION TO THEM.

FOREIGN/SIGN LANGUAGE

Read

Write

Speak

DO YOU HAVE MILITARY IDENTIFICATION CREDENTIALS AND VEHICLE PASS

YES

NO

PERSON TO CONTACT IN CASE OF EMERGENCY

RELATIONSHIP

TELEPHONE

PREFERRED HOSPITAL

INSURANCE COMPANY

INTERVIEWER COMMENTS

**USAF MUSEUM SYSTEM VOLUNTEER DATA CARD**

<b>NAME</b>			
<b>ADDRESS (City, State, Zip Code)</b>			
<b>HOME TELEPHONE</b>		<b>WORK TELEPHONE</b>	
<b>EMPLOYER</b>			
<b>IDENTIFICATION CREDENTIALS</b>		<b>IDENTIFICATION CREDENTIALS REVALIDATION DATES (DD MMM YY)</b>	
<b>ISSUE DATE (DD MMM YY)</b>		<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<b>REMARKS</b>			<b>ENTRANCE INTERVIEW DATE</b>
			<input type="text"/>
			<b>ORIENTATION DATE</b>
			<input type="text"/>
			<b>ASSIGNMENT</b>
			<input type="text"/>
			<b>INACTIVE DATE</b>
			<input type="text"/>
			<b>TERMINATION DATE</b>
			<input type="text"/>
			<b>CREDENTIAL TURN-IN DATE</b>
			<input type="text"/>

HOURS WORKED						TRAINING	
MONTH	YEAR						
	1	2	3	4	5		
JANUARY							
FEBRUARY							
MARCH							
APRIL							
MAY							
JUNE							
JULY							
AUGUST							
SEPTEMBER							
OCTOBER							
NOVEMBER							
DECEMBER							
						<b>AWARDS, HONORS, ACHIEVEMENTS</b>	

<b>ACCUMULATED VOLUNTEER HOURS</b>	<b>INCLUSIVE DATES</b>			<b>TOTAL HOURS</b>
	<input type="text"/>	TO	<input type="text"/>	