VOLUNTEER SERVICE RECORD For use of this form, see AR 608-1; the proponent agency is OACSIM.			
	PRIVACY #	ACT STATEMENT	
AUTHORITY:	5 USC Section 301, Department I Regulation 608-1, Army Commun	Regulations; 10 USC Section 3013, Secretary of the Army; and Army ity Service Center.	
-		formation on volunteers to assist in determining qualifications and task of positions held, hours volunteered, training and awards received.	
ROUTINE USES: None. The "Blanket Routine Uses" Records Notices apply to this syst		" set forth at the beginning of the Army's Complications of System of tem.	
DISCLOSURE: Voluntary. However, failure to p Army Community Service Volunt		ovide the requested information may exclude you from participating in the eer Program.	
	the organization for at least three y	al of this record will be furnished for the personal file of the volunteer and ears. In case of transfer, a duplicate record will be furnished to the gaining	
1. NAME OF VOLUNTEER (Last, First, MI)		2. HOME ADDRESS (Street, City, State and ZIP Code)	
3. EMAIL ADDRESS			
4. TELEPHONE NUMBERS		5. SEX	
a. HOME		MALE FEMALE	
b. WORK c. FAX		6. DATE OF BIRTH (YYYYMMDD)	
7a. SPONSOR NAME		7b. SPONSOR UNIT ADDRESS	
	that applies to the volunteer. Famil	ly members of service members should indicate the branch of service and	
status of the sponsor. SERVICE MEMBER	ARMY	AIR FORCE NAVY MARINE	
CIVILIAN EMPLOYEE (APF and NAF) OFFICER		ENLISTED	
ADULT FAMILY MEMBER ACTIVE DU		TY RETIRED	
YOUTH FAMILY MEMBER (Under age 18 and unmarried) RESERVE		GUARD	
CIVILIAN (Not connection the military)	ected with DECEASED		
9. CHILDREN AT HOME		10. INITIAL COMMITMENT	
	SCHOOL IN SCHOOL	ONE DAY EVENT ONE MONTH EVENT THREE MONTHS	
HIGH SCHOOL COL	LEGE ADVANCED DEGREE	SIX MONTHS NINE MONTHS OTHER	
12. WORK EXPERIENCE			
13. VOLUNTEER EXPERIENCE			
13. VOLONTELITEM EMILINGE			

14. SPECIAL SKILLS	6, INTEREST, HOBBIES	
15. POSITIONS HEL		
START DATE	TYPE OF POSITION	END DATE
(YYYYMMDD)	2 51.1 53.116.1	(YYYYMMDD)
16. AWARDS AND	SPECIAL RECOGNITION	
DATE	TYPE OF AWARD/SPECIAL RECOGNITION	PRESENTED AT
(YYYYMMDD)	THE STANDARD COMPLETE STANDARD	
17. TRAINING		
DATE	TYPE OF TRAINING	HOURS
(YYYYMMDD)		COMPLETED
	INUAL HOUR RECORD	
YEAR		
HOURS 19a. SIGNATURE		(YYYYMMDD)