NAME *(Last, First, Middle Initial)*	**SSN**	**DATE**	
ADDRESS *(Include ZIP Code)*	**HOME TELEPHONE NO.**	**DATE OF BIRTH**	**SEX** ☐ FEMALE ☐ MALE

MARITAL STATUS	**EDUCATION** *(Highest grade completed)*	**OCCUPATION** *(Employer/School)*	**BUSINESS TELEPHONE NO.**
☐ SINGLE ☐ WIDOWED ☐ MARRIED ☐ DIVORCED			

PARENTS OR GUARDIAN *(Name and address. Include ZIP Code)*	**HOME TELEPHONE NO.**	**BUSINESS TELEPHONE NO.**

REMARKS

I, the undersigned, desire to volunteer my services to the MWR program at ____ . I expressly agree that such services are offered at no cost to the US Government or any instrumentality thereof. I expect no present of future compensation as a result of the services to be performed by myself. I understand that the performance of services entitle me to no compensation, either in pay or benefits, and I agree that I shall not present any claims against the United States or any agency, instrumentality, or employee thereof.

SIGNATURE OF VOLUNTEER

DATE	**ACCEPTED BY** *(Signature)*

MWR VOLUNTEER PERSONAL DATA FORM

AUTHORITY: 10 U.S.C. 8012; 44 U.S.C. 3101: and EO 9397.

PRINCIPLE PURPOSE: To identify volunteers in MWR programs.

ROUTINE USES: To maintain a record of volunteers, their hours worked for recognition purposes, and of the compensation release statement. Information furnished may be disclosed to any DOD component or part thereof, and upon request, to other Federal, State, and local governmental agencies in the pursuit of their official duties. Also, it may be used for other lawful purposes including law enforcement and or litigation. The SSN is used for identification.

DISCLOSURE IS VOLUNTARY: Failure to provide the information and SSN may preclude the individual from being accepted as a volunteer.

DATE OF EVENT	HOURS	DATE OF EVENT	HOURS	DATE OF EVENT	HOURS	DATE OF EVENT	HOURS	DATE OF EVENT	HOURS