



# VOLUNTEER APPLICATION INSTRUCTIONS



Enclosed are the forms you will need to complete the volunteer application process. These include the *USAF Museum System Volunteer Application/Registration*, a copy of the *USAFHP Ethics Statement*, *Request for Personnel Security Action* form, *Volunteer Agreement For* form our *Volunteer Disclaimer and Agreement* form and a *Background Information Sheet*. This sheet will explain some of the requirements behind them as well as help you fill out these forms correctly.

The two-page '***USAF Museum System Volunteer Application/Registration***' form tells about your availability and what areas are of the greatest interest to you. The form also gives you the opportunity to tell us a little about yourself and provides us with your contact and emergency information. The data collected on these forms is governed by Privacy Act and is kept confidential.

The '***Volunteer Agreement For***' form states that you are working as a volunteer and not for compensation and requires only your name in the first field and your signature on the 'X' in field 9.a.

Beginning in 2015, a background check will be required for all volunteers. **Fill out ONLY Section I, fields 1-7** on the '***Request for Personnel Security Action***' to give consent.

The '***USAFHP Ethic Statement***' is to make you aware of the rules governing personal conduct while serving in the museum. Every museum staff member is required to understand and abide by these terms at all times. You will be given a copy of your signed statement for your records.

The '***Volunteer Disclaimer and Agreement***' statement acknowledges that you are signing on to work as an unpaid volunteer, will not make unauthorized statements to the media on behalf of the museum, and will obey and enforce museum rules.

Volunteers who wish to do so are encouraged to fill out the '***Background Information Sheet***'. Unlike the previous forms, the information on this sheet is designed to be shared with other staff members, volunteers and the public. Say, for instance, we know you flew a certain type of aircraft or speak a certain language. We can then direct visitors interested in that aircraft or speak a foreign language to you. This form is strictly optional.

The use of volunteers at Hill Aerospace Museum is governed by four federal regulations, copies of which are available for your review at the museum. If you have any questions about the forms, please call Don Barebo, our volunteer coordinator, at 801-775-4632 or email at [dbarebo@gmail.com](mailto:dbarebo@gmail.com).



EDUCATION

SPECIAL TRAINING

SPECIAL SKILLS / HOBBIES

CIVILIAN WORK HISTORY

**MILITARY SERVICE HISTORY**

BRANCH:	JOBS/ASSIGNMENTS/SERVICE SCHOOLS/PME	RANK	YEARS/ERA	AIRCRAFT

**FEDERAL SERVICE HISTORY**

TYPE OF FEDERAL SERVICE	NUMBER OF YEARS	RETIRED	
		<input type="checkbox"/> YES (Year):	<input type="checkbox"/> No

JOBS PERFORMED			LOCATION		

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

OTHER PRESENT VOLUNTEER JOBS/AGENCIES

OFFICIAL USE ONLY

## VOLUNTEER AGREEMENT FOR

 APPROPRIATED FUND ACTIVITIES

 NONAPPROPRIATED FUND INSTRUMENTALITIES

### PART 1 – GENERAL INFORMATION

<b>1. TYPED NAME OF VOLUNTEER</b> ( <i>Last, First, Middle Initial</i> )		<b>2. YEAR OF BIRTH</b>
<b>3. INSTALLATION</b>  Hill Air Force Base	<b>4. ORGANIZATION/UNIT WHERE SERVICE OCCURS</b>  75th Air Base Wing	
<b>5. PROGRAM WHERE SERVICE OCCURS</b>  Hill Aerospace Museum	<b>6. ANTICIPATED DAYS OF WEEK</b>	<b>7. ANTICIPATED HOURS</b>
<b>8. DESCRIPTION OF VOLUNTEER SERVICES</b>  Museum Volunteer		

### PART II – VOLUNTEER IN APPROPRIATED FUND ACTIVITIES

<b>9. CERTIFICATION</b>  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>X</b>	<b>b. DATE SIGNED</b> (YYYYMMDD)	
<b>10.a. TYPED NAME OF ACCEPTING OFFICIAL</b> <small>(Last, First, Middle Initial)</small>	<b>b. SIGNATURE</b>	<b>c. DATE SIGNED</b> (YYYYMMDD)

### PART III – VOLUNTEER IN NON APPROPRIATED FUND INSTRUMENTALITIES

<b>11. CERTIFICATION</b>  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> (YYYYMMDD)	
<b>12.a. TYPED NAME OF ACCEPTING OFFICIAL</b> <small>(Last, First, Middle Initial)</small>	<b>b. SIGNATURE</b>	<b>c. DATE SIGNED</b> (YYYYMMDD)

### PART III – TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR

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

REQUEST FOR PERSONNEL SECURITY ACTION

AUTHORITY: 10 U.S.C 3101; and EO 9397  
 PRINCIPAL PURPOSES: To identify investigation, security clearance, unescorted entry requirements, and special access program authorizations.  
 ROUTINE USES: To request personnel security investigations, record emergency or limited access authorization, entry to restricted areas, and to record special access program authorizations. SSN is used for positive identification of the individual and records.  
 DISCLOSURE IS VOLUNTARY: Failure to information and SSN could result in assignment to less sensitive duties.

**I. INDENTIFYING INFORMATION**

1. NAME (Last, First Middle, Maiden)		2. ORGANIZATION OR FIRM SPONSOR <b>75 ABW/MU</b>	
3. GRADE <b>N/A; volunteer</b>	4. SSN	5. CITIZENSHIP <input type="checkbox"/> US CITIZEN <input type="checkbox"/> IMMIGRANT ALIEN <input type="checkbox"/> NON-US NATIONAL	
6. DATE OF BIRTH	7. PLACE OF BIRTH (City, State, and Country)		

**II. INVESTIGATION, CLEARANCE, ELIGIBILITY, ENTRY AND ACCESS REQUIREMENTS**

8. INVESTIGATION REQUIREMENT	9. CLEARANCE, ENTRY OR ACCESS REQUIREMENT	
<input type="checkbox"/> National Agency Check and Inquiries (NACI)	<input type="checkbox"/> ONE-TIME ACCESS	<input type="checkbox"/> LIMITED ACCESS
<input type="checkbox"/> National Agency Check with Law and Credit (NACLC) or Access National Agency Check and Inquiries	<input type="checkbox"/> INTERIM CLEARANCE	<input type="checkbox"/> SPECIAL ACCESS
<input type="checkbox"/> Single Scope Background Investigation (SSBI)	<input type="checkbox"/> TOP SECRET	<input type="checkbox"/> Priority Level 1
<input type="checkbox"/> Secret Periodic Reinvestigation	<input type="checkbox"/> SECRET	<input type="checkbox"/> Priority Level 2
<input type="checkbox"/> SSBI or PPR Periodic Reinvestigation		<input type="checkbox"/> Priority Level 3
		<input type="checkbox"/> Priority Level 4

**III. LOCAL FILES CHECK**

10. TO: <b>75 SFS</b>	11. FROM: <b>75 ABW/MU</b>	
12. DATE	13. TYPED NAME, GRADE AND TITLE OF REQUESTER	14. SIGNATURE

**IV. MEDICAL RECORDS CHECK**

15. I CERTIFY a medical records check required by AFI 31-501 or its replacement has been completed and no information exists, unless shown in Section VII, which would preclude the granting of eligibility of security clearance access to special programs or unescorted entry to restricted areas.

16. DATE	17. TYPED NAME AND GRADE OF BASE DIRECTOR, MEDICAL SERVICES	18. SIGNATURE
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**V. SECURITY POLICE RECORDS CHECK**

19. I CERTIFY a security policy records check required by AFR 205-32, has been completed and no information exists, unless shown in Section VII, which would preclude the granting of a security clearance, unescorted entry to restricted areas, or access to special program classified information.

20. DATE	21. TYPED NAME AND GRADE OF SECURITY POLICE OFFICIAL	22. SIGNATURE
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**VI. ACCESS AUTHORIZATION**

<input type="checkbox"/> ONE-TIME ACCESS	<input type="checkbox"/> LIMITED ACCESS	<input type="checkbox"/> CNWDI	<input type="checkbox"/> NATO	<input type="checkbox"/> RD	NC2-ESI
<input type="checkbox"/> CONTINUING <input type="checkbox"/> ONE-TIME					

23. I CERTIFY the named individual required access to the above special program(s), meets all investigative and clearance requirements, and has been briefed on program responsibilities as outlined in the governing directive. If applicable, emergency or limited access is necessary and will not endanger the national security.

24. DATE	25. TYPED NAME, GRADE AND TITLE OF APPROVING AUTHORITY	26. SIGNATURE
27. DATE	28. TYPED NAME, GRADE AND TITLE OF SPECIAL ACCESS PROGRAM CERTIFYING OFFICIAL	29. SIGNATURE

**VII. REMARKS**

30. (If more space is needed, use reverse and show item number being continued)

**LOC for Museum Volunteer**

## USAFHP ETHICS STATEMENT

**A3.1. Introduction.** This code of ethics is intended to identify those general parameters within which USAFHP employees and volunteers should operate. The USAFHP exists to serve both the US Air Force (USAF) and the public. It functions as an arm of the USAF and as such must comply with the Joint Ethics Regulation (JER) DoD 5500.7-R, existing Air Force Instructions (AFIs), and established procedures in such operational areas as financial management, personnel matters, and procurement of supplies, as well as within established USAF requirements governing personal conduct. In the event any aspect of this code conflicts with any of the above, the latter must take precedence. Otherwise, USAFHP staff should be guided by the following:

A3.1.1. Conduct business in a legal and moral manner, and avoid even the slightest appearance of impropriety such as the use of one's position or access gained from that position for personal gain. We are subject to scrutiny not just by the USAF, but also by our professional peers and the public.

A3.1.2. Be guided by both applicable regulations and ethics generally accepted among professionals within the museum community.

A3.1.3. Never compete with the USAFHP or give the appearance of doing so. Do not pursue a collecting interest during leisure time if there is a potential for a conflict of interest with the employee's official duties.

A3.1.4. Do not accept gifts, discounts or other favors from parties seeking to do business with USAFHP. Exceptions to the above are set forth in the JER cited above.

A3.1.5. Do not prepare appraisals for donors or potential donors. The only permissible appraisals are for internal use or for other non-profit institutions.

A3.1.6. When speaking out on a public issue, do so as an individual unless authorized to speak officially on behalf of USAFHP.

A3.1.7. Recognize and strive to maintain the goal of service to the visiting public and the dissemination of knowledge.

A3.1.8. Manage all artifacts placed in the care of USAFHP in such a manner as to assure long-term preservation. The use of historical, irreplaceable artifacts in such a manner that promotes their degradation or consumption is inappropriate.

A3.1.9. Maintain all collection records including disposition records in an accurate, thorough and orderly manner.

A3.1.10. Keep the USAFHP collections policy in mind when determining whether to accept or reject a proposed donation.

A3.1.11. Make the collections available for legitimate examination and research by people outside the USAFM within limitations of available resources, preservation of the items involved, purpose of the research and other considerations.

A3.1.12. Ensure the integrity of reproductions and replicas and permanently identify those items as such.

A3.1.13. Only acquire artifacts with clear title.

A3.1.14. Appreciate the fact that the USAFHP is holding the national collection in trust for the benefit of future generations.

A3.1.15. Care for and interpret artifacts with sensitivity to their cultural origin

A3.1.16. Strive to present USAF history to the public in an accurate and unbiased manner.

I agree to abide by the USAFHP Ethic Statement as outlined above.

# Volunteer Disclaimer and Agreement

I, \_\_\_\_\_, wish to volunteer my time and services to the HILL AEROSPACE MUSEUM and do hereby acknowledge and agree that all services performed by me on behalf of the Museum are entirely voluntary and gratuitous. I agree that I do not expect and will not accept pay or remuneration for my services. I will not accept gratuities or payment from the public.

I acknowledge that my services are being accepted by the government under the provisions of 10 U.S.C 1588. I further acknowledge that pursuant to this statute while I am carrying out authorized assignments of the above named organization, I will be covered by provisions of the Federal Employees Compensation Act (5U.S.C 8101 et seq. as amended by 10 U.S.C 1588) and this will be the sole remedy for any volunteer-related injury or illness.

I understand that I must respect the significance, confidentiality and the integrity of my position

I will make a disclosure if my assignment relates to an outside activity in which I may be personally or a member of my family is personally involved, or to outside employment or other commercial venture. Failure to do so is grounds for dismissal from the Volunteer Staff.

I understand that I may not speak for the Hill Aerospace Museum or make statements that could be taken as Museum policy by the media.

I understand that I must enforce and obey all rules for visitors, give only factual information, meet scheduled work commitments and report in upon arrival by signing the daily sign-in sheet and recording my hours worked. I must update any changes in my residence and telephone number. I will report any planned absence by filling out the sheet provided.

If I continuously fail to come in or to call in, I understand that I will be dropped from the active Volunteer rolls of the Hill Aerospace Museum.

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

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

Printed Name: \_\_\_\_\_

# Volunteer Background Information

This form is strictly optional. The information you provide is used to help enhance our visitor's experience at the museum and may be made available to other staff members, volunteers, and/or the public.

The typical use of the information contained on this form falls into two categories:

- 1) To help visitors learn about a specific duty, aircraft type, or military campaign.
- 2) To assist visitors who speak a foreign language or are disabled.

Your Name/Rank:
Military Service
Date:
Branch:
Duties:
Aircraft Flown or Serviced:
Campaigns:
Language Skills: