



## **MUSEUM VOLUNTEER PACKET**

Welcome, and thank you for choosing the Hill Aerospace Museum as the place to start your volunteer career. We have one of the largest volunteer staffs in Northern Utah, and we are always looking to add one more!

Inside this packet you will find all forms required by the Air Force to become a volunteer. Areas highlighted in yellow require your information.

### **LIST OF FORMS:**

**AF FORM 3569:** Provides us some general information about you, your experiences, and highlights activities you may be interested in doing at the museum. Having this information will help us place you in a position where you and the museum will flourish!

**AF FORM 2583:** A local files background check required for all staff and volunteers.

**DD FORM 2793:** Indicates your understanding that you will not be paid for your services and will obey all rules.

**ETHICS STATEMENT:** Awareness and agreement of the rules governing personal conduct while serving at the museum.

If you have any questions about the forms and **once you are ready to submit** this package, **please contact** Volunteer Coordinator Dennis Guse at (801) 499-2590.

<b>USAF HERITAGE PROGRAM (USAFHP) VOLUNTEER APPLICATION / REGISTRATION</b>	DATE <input style="width: 100px; height: 20px;" type="text"/>	OMB No. 0701-0127 Expires: Sep 30, 2016
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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.

**PRIVACY ACT STATEMENT**

AUTHORITY: 10 U.S.C. Sec 1588, Authority to Accept Certain Voluntary Services; 10 U.S.C. Sec 8013, Secretary of the Air Force; 5 U.S.C. Sec 301, Gov't Organizations and Employees; DoDI 1100.21, Voluntary Service in the DoD; AFI 84-103, USAF Heritage Program.  
 PRINCIPAL PURPOSE: To obtain data for use by the volunteer coordinator in selecting and placing volunteers in various USAFHP activities and to retrieve information for future requirements.  
 ROUTINE USES: DoD Blanket Routine Uses Apply [http://dpclo.defense.gov/privacy/SORNs/blanket\\_routine\\_uses.html](http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html)  
 DISCLOSURE: VOLUNTARY, however, failure to provide the information requested could impede the effectiveness of placing you in the USAFHP volunteer program.

<b>NAME (Last, First, MI)</b>	<b>HOME PHONE</b>	<b>WORK PHONE</b>	<b>CELL PHONE</b>
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<b>ADDRESS (Number &amp; Street)</b>	<b>CITY, STATE, ZIP CODE</b>
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<b>EMAIL ADDRESS:</b>	<b>DATE OF BIRTH</b>	<b>PLACE OF BIRTH</b>	<b>CITIZEN OF</b>
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<b>PERSON TO CONTACT IN CASE OF EMERGENCY:</b>	<b>RELATIONSHIP</b>	<b>TELEPHONE</b>	<b>PREFERRED HOSPITAL</b>
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<b>EMPLOYER</b>	<b>OCCUPATION</b>
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<b>EMPLOYED</b>				<b>RETIRED</b>	
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> TEMPORARILY	<input type="checkbox"/> SEEKING EMPLOYMENT	<input type="checkbox"/> FULLY	<input type="checkbox"/> PARTIALLY

Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have military identification credentials and vehicle pass? <input type="checkbox"/> YES <input type="checkbox"/> NO
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AVAILABILITY:	Weekdays <input type="checkbox"/>	AM <input type="checkbox"/>	Weekend <input type="checkbox"/>	PM <input type="checkbox"/>	Work shifts per week: _____	Minimum hours per week: _____
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**SCHEDULING LIMITATIONS (Vacations, Seasonal Relocation, TDY's, etc.)**

**FOREIGN/SIGN LANGUAGE**

<input type="checkbox"/> Read	
<input type="checkbox"/> Write	
<input type="checkbox"/> Speak	

**WORK INTEREST AREAS**

Education	Foundation	Public Affairs	Other (List)
Tours/Guides	Speakers Bureau	Research	
Restoration	Collections	Exhibits	
Photography/Audiovisual	Mailings	Building Maintenance/Grounds	
Office	Computer	Gift Shop	

**HOW DID YOU LEARN ABOUT THE HERITAGE PROGRAM?**

<input type="checkbox"/> Visitor	<input type="checkbox"/> Organizational Referral	<input type="checkbox"/> Personal Referral	<input type="checkbox"/> Other (Specify):
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EDUCATION				
SPECIAL TRAINING				
SPECIAL SKILLS / HOBBIES				
CIVILIAN WORK HISTORY				
<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 OR YEARS	RETIRED		
		YES (Year):		NO
JOBS PERFORMED		LOCATION		
LIST USAF AEROSPACE VEHICLES YOU ARE/WERE ASSOCIATED WITH AND YOUR AFFILIATION TO THESE AIRCRAFT				
LIST NON-USAF AEROSPACE VEHICLES YOU ARE/WERE ASSOCIATED WITH AND YOUR AFFILIATION TO THESE AIRCRAFT				
OTHER PRESENT VOLUNTEER JOBS / AGENCIES				
OFFICIAL USE ONLY				

## REQUEST FOR PERSONNEL SECURITY ACTION

**AUTHORITY:** 10 U.S.C. 8012; 44 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. IDENTIFYING INFORMATION		
<b>1. NAME (Last, First, Middle, Maiden)</b>	<b>2. ORGANIZATION OR FIRM SPONSOR</b> Hill Aerospace Museum / 75 ABW	
<b>3. GRADE</b> Volunteer	<b>4. SSN</b>	<b>5. CITIZENSHIP</b> <input type="checkbox"/> US CITIZEN <input type="checkbox"/> IMMIGRANT ALIEN <input type="checkbox"/> NON-US NATIONAL
<b>6. DATE OF BIRTH</b>	<b>7. PLACE OF BIRTH (City, State, and Country)</b>	
II. INVESTIGATION, CLEARANCE, ELIGIBILITY, ENTRY AND ACCESS REQUIREMENTS		
<b>8. INVESTIGATION REQUIREMENT</b>	<b>9. CLEARANCE, ENTRY OR ACCESS REQUIREMENT</b>	
<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 <input type="checkbox"/> 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"/> UNESCORTED ENTRY
<input type="checkbox"/> Secret Periodic Reinvestigation	<input type="checkbox"/> SECRET	<input type="checkbox"/> Priority Level 1
<input type="checkbox"/> SSBI or PPR Periodic Reinvestigation		<input type="checkbox"/> Priority Level 2
		<input type="checkbox"/> Priority Level 3
		<input type="checkbox"/> Priority Level 4
III. LOCAL FILES CHECK		
<b>10. TO:</b> 75 SFS	<b>11. FROM:</b> 75 ABW/MU	
<b>12. DATE</b>	<b>13. TYPED NAME, GRADE AND TITLE OF REQUESTER</b> Aaron C. Clark, NH-3, Museum Director	<b>14. SIGNATURE</b> <a href="#">Click to sign</a>
IV. MEDICAL RECORDS CHECK		
<b>15. I CERTIFY</b> 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.		
<b>16. DATE</b>	<b>17. TYPED NAME AND GRADE OF BASE DIRECTOR, MEDICAL SERVICES</b>	<b>18. SIGNATURE</b> <a href="#">Click to sign</a>
V. SECURITY POLICE RECORDS CHECK		
<b>19. I CERTIFY</b> a security police 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.		
<b>20. DATE</b>	<b>21. TYPED NAME AND GRADE OF SECURITY POLICE OFFICIAL</b>	<b>22. SIGNATURE</b> <a href="#">Click to sign</a>
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 <input type="checkbox"/> NC2-ESI
		<input type="checkbox"/> CONTINUING <input type="checkbox"/> ONE-TIME
<b>23. I CERTIFY</b> the named individual requires access to the above special program(s), meets all investigative and clearance requirements, and has been briefed security on program responsibilities as outlined in the governing directive. If applicable, emergency or limited access is necessary and will not endanger the national		
<b>24. DATE</b>	<b>25. TYPED NAME, GRADE AND TITLE OF APPROVING AUTHORITY</b>	<b>26. SIGNATURE</b> <a href="#">Click to sign</a>
<b>27. DATE</b>	<b>28. TYPED NAME, GRADE AND TITLE OF SPECIAL ACCESS PROGRAM CERTIFYING OFFICIAL</b>	<b>29. SIGNATURE</b> <a href="#">Click to sign</a>
VII. REMARKS		
<b>30 (If more space is needed, use reverse and show item number being continued)</b> LFC now required for museum volunteers by AFI 84-103.		

**AF 2583, 20140404, V3**

PREVIOUS EDITION WILL BE USED.

**PRIVACY ACT INFORMATION:** The Information in this form is FOR OFFICAL USE ONLY. Protect IAW the Privacy Act of 1974.

**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 Hill AFB	4. ORGANIZATION/UNIT WHERE SERVICE OCCURS Hill Aerospace Museum	
5. PROGRAM WHERE SERVICE OCCURS Hill Aerospace Museum	6. ANTICIPATED DAYS OF WEEK	7. ANTICIPATED HOURS
8. DESCRIPTION OF VOLUNTEER SERVICES Museum Volunteer		

**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.

<b>a. SIGNATURE OF VOLUNTEER</b>		<b>b. DATE SIGNED (YYYYMMDD)</b>
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**

<b>13. AMOUNT OF VOLUNTEER TIME DONATED</b>				<b>14. SIGNATURE</b>		<b>15. TERMINATION DATE</b> <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>							

**USAF HERITAGE PROGRAM  
VOLUNTEER ETHICS  
ACKNOWLEDGEMENT AND ACCEPTANCE AGREEMENT**

The USAF Heritage Program is charged with the mission of preserving USAF history. The program is comprised of historians and archivists; writers and editors; national and base museums; research centers; command, base and unit history offices; and other historical organizations, and their volunteers.

The National Museum of the United States Air Force™ (NMUSAF) acknowledges the significant contributions made by Museum volunteers and uses this ethics acceptance agreement to ensure professional performance.

**Personal Conduct:** Volunteers are expected to act in accordance with professional industry standards and by the values of the United States Air Force. Individuals should perform their duties with integrity and exercise sound judgment while carrying out the mission of the USAF Heritage Program. This includes maintaining a safe and professional work environment for staff and fellow volunteers.

**I will:**

- Exhibit respect, courtesy, helpfulness to staff and visitors regardless of race, religion, ethnic origin, age, gender, physical/mental capacity, or economic/social/military status
- Conduct business in a legal and moral manner, while avoiding impropriety or the appearance of impropriety
- Foster a healthy working environment and interact with respect and civility

**I will not:**

- Endorse outside activities on behalf of or speak on behalf of the USAF Heritage Program unless authorized to do so

**Compliance with Law & Policy:** All personal and museum activities should be conducted in accordance with all applicable laws and internal standards, policies, and procedures. Applicable policies exist for political engagement and activities, volunteer activities, fundraising, and other outside activities. If in doubt about any of these policies, additional guidance can be sought from your volunteer resource office.

**I will:**

- Enforce and comply with all Museum rules, policies, and procedures.
- Accept responsibility for my actions and attitude as they relate to the NMUSAF

**I will not:**

- Disclose privileged information learned as a result of my volunteer involvement
- Participate in any form of illegal behavior such as theft, drug abuse, discrimination, or sexual harassment, which will not be tolerated.
- Accept gifts, discounts, or other favors from parties seeking to do business with the USAF Heritage Program or for my volunteer service.

**Conflicts of Interest:** Employees and volunteers are expected to act in the best interest of the USAF Heritage Program rather than to further private gain. Both actual and apparent conflicts of interest are to be avoided. Volunteers must not participate in any government activity that will result in personal financial benefit.

**I will:**

- Identify commercial, employment or personal enterprise or activities and avoid all conflict of interests related to identified enterprises or activities

**I will not:**

- Compete with the USAF Heritage Program or give the appearance of doing so.

**Acquisition, Disposal, and Documentation:** The USAF Heritage Program collects, maintains, and preserves its collections in accordance with museum standards, ensuring legal requirements are met. This includes acquiring only artifacts with clear title and documenting transfer of ownership on a proffer of gift or DD Form 1149. Compliance is well documented and stewardship of the collection carries the responsibility to ensure such compliance. USAF Heritage Program limits the authority to actively collect on behalf of the USAF and collections must fall within the established scope and mission of the heritage activity.

**I will:**

- Follow all museum policies regarding donations of property and will contact the appropriate USAF Heritage Program staff regarding any potential donation brought into the museum

**I will not:**

- Accept artifacts or other property on behalf of the USAF without proper approval of USAF Heritage Program staff

**Exhibitions, Education, Public Programs, & Interpretation:** A primary objective of the USAF Heritage Program is to interpret and present the USAF's history, heritage, and culture to the public and to inspire, motivate, and to educate America's youth towards the USAF and Science, Technology, Engineering, and Math (STEM). These activities will be conducted in accordance with professional standards, intellectual integrity, and without influence of vested interests. The USAF Heritage Program will provide a platform for diverse exchange of thought and ensure accessibility to the public.

**I will:**

- Safeguard Museum property including aircraft, artifacts and related belongings
- Interpret aviation and Air Force and aviation history without prejudice or exaggeration

In addition to the USAFHP ethics statement, there are several ethical parameters required by the Hill Aerospace Museum. Staff, volunteer or paid, should be guided by the following.

**I will not:**

- \* Allow entrance into an exhibit or the handling of an artifact without the consent of the Director and/or Curator
- \* Sexually harass/assault or discriminate

**I will:**

- \* Authorize and consent to a reference check and a criminal records investigation

I, \_\_\_\_\_, agree to abide by the ethical standards outlined above

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE