

**FAMILY SUPPORT CENTER
VOLUNTEER DATA CARD AND SERVICE RECORD**

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Expires

The public reporting burden for this collection of information is estimated to average 5 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 the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0701-0070), 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 form to the above address. Send your completed form to the base level Family Support Center.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013 and Executive Order 9397.
PRINCIPLE PURPOSE: Client demographics are required for accurate service delivery, analysis, and future program planning.
ROUTINE USES: This information may be disclosed to federal, state, local or foreign law enforcement authorities for investigating or prosecuting a violation or potential violation of law; to federal, state, or local agencies to obtain information concerning hiring or retention of an employee, issuance of other benefit; to a congressional office in response to their inquiry made at the request of the individual; to the Office of Management and Budget in connection with review of private relief legislation as set forth in OMB Circular A-19; to NARA for records management inspections; and to the Department of Justice for pending or potential litigation.
DISCLOSURE IS VOLUNTARY: Failure to provide the necessary data will not result in the individual being denied services.

SECTION I: GENERAL INFORMATION (Each family volunteer should fill out a form)

1. NAME (Last, First, Middle Initial)		2. PHONE	3. DATE
4. STREET ADDRESS	5. CITY	6. STATE	7. ZIP CODE
8. STATUS (Please check)			
<input type="checkbox"/> ACTIVE DUTY	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> FAMILY MEMBER	<input type="checkbox"/> RETIRED
<input type="checkbox"/> DOD CIVILIAN		<input type="checkbox"/> CIVILIAN	
9. SPONSOR'S DATA			
<input type="checkbox"/> E1 - E4	<input type="checkbox"/> E5 - E6	<input type="checkbox"/> E7 - E9	<input type="checkbox"/> O1 - O3
<input type="checkbox"/> O4 - O6		<input type="checkbox"/> O7 - O10	
10. OTHER FAMILY MEMBERS			
NAME(s) (Last, First, Middle Initial)			AGES

SECTION II: EDUCATION, TRAINING, AND VOLUNTEER/WORK EXPERIENCE

11. HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12	12. COLLEGE 1 2 3 4 5 6 7
SPECIAL TRAINING	DEGREES
	SPECIAL SKILLS (Counseling, clerical, etc)
14. INTEREST, HOBBIES	
15. LANGUAGES	16. DRIVE A CAR?
SPEAK	<input type="checkbox"/> YES
WRITE	<input type="checkbox"/> NO

16. WORK EXPERIENCE (Last job first) (Continue on reverse if necessary)

17. OTHER VOLUNTEER EXPERIENCE

SECTION III: FAMILY SUPPORT CENTER RECORD

18. I FEEL I WOULD BE OF VALUE TO THE FAMILY SUPPORT CENTER/OTHER AGENCY IN THE FOLLOWING AREAS

19. I AM AVAILABLE TO WORK	FOR FSC STAFF USE														
DAYS	TIME	MONTHS VOLUNTEERED													
		23	YEAR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC.
20. CHILD CARE REQUESTED?	YES	NO													
21. IN LIEU OF UNFORESEEN CIRCUMSTANCES, I PLAN A COMMITMENT OF _____ MONTH(S) _____ YEAR(S)															
22. VOLUNTEER SIGNATURE															