

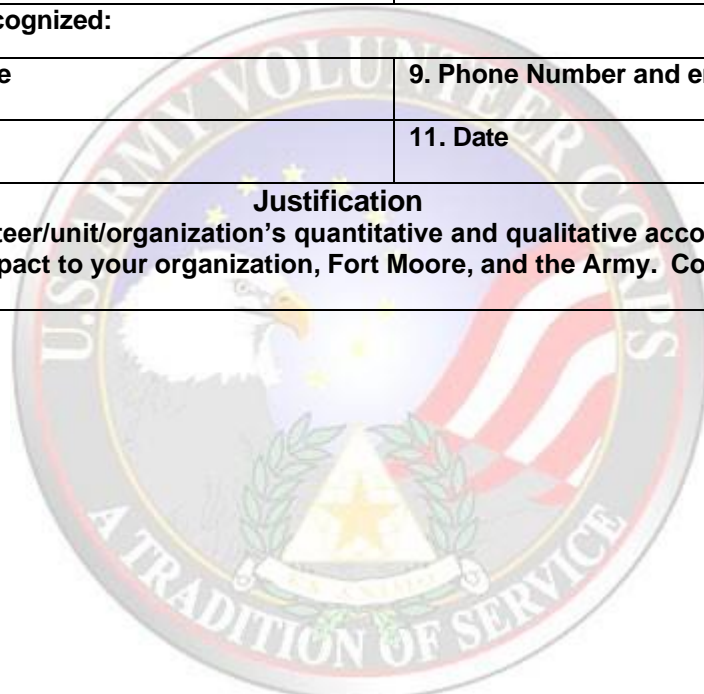
# Fort Moore, GA, Volunteer Award Nomination Form

## Part 1 – To be completed by nominator

1. Volunteer's Name – Last, First, MI	2. Organization (No Abbreviations)
3. Present Position/Title	4. Position Held During Period Covered in Nomination (if other than that shown in item #4)
5. Nominee's Address	
Nominee's Email Address	
Nominee's Phone Number- Home (    ) Cell (    )	
6. Type of Award Recommended (All nominations will be justified and include required documentation)	
<input type="checkbox"/> Service Member Volunteer of the Year (2024)	
<input type="checkbox"/> Spouse Volunteer of the Year (2024)	
<input type="checkbox"/> Retiree Volunteer of the Year (2024)	
<input type="checkbox"/> Youth Volunteer of the Year (2024)	
<input type="checkbox"/> Unit/Organization of the Year (2024)	
7. Period of Service to be Recognized:	
8. Nominator's Name and Title	9. Phone Number and email
10. Nominator's Signature	11. Date

### Justification

12. Completely list the volunteer/unit/organization's quantitative and qualitative accomplishments. Also, discuss the contributions/impact to your organization, Fort Moore, and the Army. Continue on additional pages if needed.



## Part 2 – To be completed by approving official (Director, O-5 Commander/CSM or above)

13. Approving Official's Name and Title	14. Phone Number and email
15. Signature	16. Date

## Part 3 – To be completed by the DFMWR - Army Community Service (ACS) Office

<input type="checkbox"/> Volunteer Registered in VMIS and/or SFRG Office/Volunteer Hours to Date: _____	
Nomination Received by:	Date:
Award Recommendation:	

Cont.

**CATEGORIES AND NOMINATING CRITERIA FOR  
MANEUVER CENTER OF EXCELLENCE  
VOLUNTEER EXCELLENCE AWARDS**

(1) **Individual Volunteer Awards:** Recognizes outstanding and distinguished support to the unit and/or Fort Moore community. Volunteer efforts must be significant in nature and produce tangible results. The written justification must reflect the level of service and the level of impact. Anyone with direct knowledge of the individual's volunteer services can make the nomination using enclosure entitled Fort Moore, GA Volunteer Award Nomination Form. Approval of the nomination is the organization's director, O-5 commander/CSM, or above. Once ACS receives the nomination forms and assigns awards, the POC cannot make changes. Individuals must be registered in VMIS, hold a leadership position in the nominating organization, and have achieved a minimum of 200 (150 for Youth volunteers) documented volunteer hours (these hours may be a combined total contributed to more than one organization) in order to receive a nomination for any of the following categories:

- (a) Service Member Volunteer of the Year
- (b) Spouse Volunteer of the Year
- (c) Retiree Volunteer of the Year
- (d) Youth Volunteer of the Year
- (e) Unit/Organization of the Year

(2) **Organization Volunteer Awards:** Unit/ Organization of the Year: Recognizes outstanding and distinguished accomplishments by a volunteer organization. Services must reflect activities of public service nature contributing to the mission accomplishment of an Army element or to the welfare of Army personnel. Services must reflect off-duty activities and not relate to the official responsibilities/position(s) of the unit. Nominations must be for the entire group (individuals cannot be addressed). Anyone with direct knowledge of the organization's volunteer accomplishments can make the nomination. Approval for the nomination is the organization's director, O-5 commander/CSM, or above. Once ACS receives the nomination forms and assigns awards, the POC cannot make changes.

\*Note: Previous year category winners are not eligible for 2024 Volunteers of the Year

(3) **Fort Moore Commanding General's Certificate of Appreciation:** The Fort Moore Commanding General's (CG's) Certificate of Appreciation (COA)' recognizes any outstanding volunteer annually. Unit/directorate/organization's present the COA at the time and venue of their discretion. There are no minimum hours required to award the COA. **These certificates ARE NOT presented at the Fort Moore Annual Installation Volunteer Award Recognition Ceremony.**

ACS provides the COA to the unit/directorate/organization for presentation at their respective/internal Volunteer award recognition. Those submitting a memorandum should coordinate with the DFMWR-ACS Specialist to ensure receipt, processing, and availability of award memorandums for their internal volunteer recognition ceremony. Approval for the nomination is the Fort Moore Commanding General. Once ACS receives the nomination forms and assigns awards, the POC cannot make changes. Units, Directorate, and Agencies are responsible for submitting the memorandum to the DFMWR-ACS Specialist to be processed by the submission due date. Unit may provide one memorandum with all eligible volunteer names listed and the unit/organization POC. The Commander and/ Director must sign a memorandum, and **No individual citation is required for this award.** Anyone who directly knows the organization's volunteer accomplishments can make the nomination.



# MANEUVER CENTER OF EXCELLENCE SERVICE MEMBER VOLUNTEER OF THE YEAR AWARD NOMINATION THE YEAR



The Service Member Volunteer of the Year Award is to recognize volunteers who provide outstanding volunteer service to the Army Community.

## INSTRUCTIONS:

1. Each Brigade, Community Agency or Volunteer Agency can nominate one Army Volunteer for this award.
2. Complete nomination packet.
3. Digitally send nomination packet to Ms. Francy Arvizu (ACS Specialist) by emailing [francy.j.arvizu.civ@army.mil](mailto:francy.j.arvizu.civ@army.mil) or hand carry to Army Community Service, Building 7, Fort Moore, GA no later than **14 March 2025 @1000**.
4. Ensure the Brigade Commander, Civilian Director or Agency Head signs and approves the nomination packet.
5. ACS must return incomplete nominations without action.

## CRITERIA:

The volunteer nominated must meet the following requirements in order to qualify for this award:

- Be an Active, Reserve, or National Guard Service Member serving the Fort Moore community
- Be registered in Volunteer Management Information System (VMIS) with minimum of 200 hours tracked service hours for time-period covering 1 Jan – 31 Dec 2024.
- Volunteer service must support the Army community and mission
- Volunteer service must have made a significant impact on organization, project or community

## Volunteer Nominee (please spell, as you would like it to appear on the award):

\_\_\_\_\_  
Last Name First Name

Telephone number: \_\_\_\_\_ (day) \_\_\_\_\_ (eve)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Agency or Brigade: \_\_\_\_\_

\_\_\_\_\_  
Printed Name Signature Date

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_



# AWARD NOMINATION CRITERIA FOR MANEUVER CENTER OF EXCELLENCE SERVICE MEMBER VOLUNTEER OF



**Volunteer Position(s) Held**

**Dates of Volunteerism**

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**Explain the impact the nominee has had on the Army Community (list organization, project, etc.):**

**What makes the accomplishment of this nominee more significant than all others?**

**List any relevant accomplishment, awards or honors that the nominee has achieved:**

**Describe the nominee's special skills, qualities, and/or leadership:**

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# MANEUVER CENTER OF EXCELLENCE SPOUSE OR RETIREE VOLUNTEER OF THE YEAR AWARD NOMINATION YEAR



*This nomination criterion covers two categories (Spouse or Retiree)*

The Spouse/ Retiree Volunteer of the Year Award is to recognize volunteers who provide outstanding volunteer service to the Army Community.

## INSTRUCTIONS:

1. Each Brigade, Community Agency or Volunteer Agency can nominate one Army Volunteer per category for this award.
2. Complete nomination packet.
3. Digitally send nomination packet to Ms. Francy Arvizu (ACS Specialist) by emailing [francy.j.arvizu.civ@army.mil](mailto:francy.j.arvizu.civ@army.mil) or hand carry to Army Community Service, Building 7, Fort Moore, GA no later than **14 March 2025 @1000**.
4. Ensure the Brigade Commander, Civilian Director or Agency Head signs and approves the nomination packet.
5. ACS must return incomplete nominations without action.

## CRITERIA:

The volunteer nominated must meet the following requirements in order to qualify for this award:

- Be an Active, Reserve, or National Guard Service Member Spouse serving the Fort Moore community or Retiree serving the Fort Moore community.
- Be registered in Volunteer Management Information System (VMIS) with minimum of 200 hours tracked service hours for time-period covering 1 Jan – 31 Dec 2024
- Volunteer service must support the Army community and mission
- Volunteer service must have made a significant impact on organization, project or community

## Volunteer Nominee (please spell, as you would like it to appear on the award):

\_\_\_\_\_  
Last Name First Name

Telephone number: \_\_\_\_\_ (day) \_\_\_\_\_ (eve)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Agency or Brigade: \_\_\_\_\_  
Printed Name Signature Date

Name of Nominator: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_





# AWARD NOMINATION CRITERIA FOR MANEUVER CENTER OF EXCELLENCE SPOUSE/RETIREE VOLUNTEER OF THE



- Spouse
- Retiree

**Volunteer Position(s) Held**

**Dates of Volunteerism**

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**Explain the impact the nominee has had on the Army Community (list organization, project, etc.):**

**What makes the accomplishment of this nominee more significant than all others?**

**List any relevant accomplishment, awards or honors that the nominee has achieved:**

**Describe the nominee's special skills, qualities, and/or leadership:**

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# MANEUVER CENTER OF EXCELLENCE YOUTH VOLUNTEER OF THE YEAR AWARD NOMINATION



The Youth Volunteer of the Year Award is to recognize Youth who provide outstanding volunteer service to the Army Community.

## INSTRUCTIONS:

1. Each Brigade, Community Agency or Volunteer Agency can nominate one Army Volunteer per category for this award.
2. Complete nomination packet.
3. Digitally send nomination packet to Ms. Francy Arvizu (ACS Specialist) by emailing [francy.j.arvizu.civ@army.mil](mailto:francy.j.arvizu.civ@army.mil) or hand carry to Army Community Service, Building 7, Fort Moore, GA no later than **14 March 2025 @1000**.
4. Ensure the Brigade Commander, Civilian Director or Agency Head signs and approves the nomination packet.
5. ACS must return incomplete nominations without action.

## CRITERIA:

The volunteer nominated must meet the following requirements in order to qualify for this award:

- Be an Active, Reserve, or National Guard Service Member's Youth serving the Fort Moore community
- Be registered in Volunteer Management Information System (VMIS) with minimum of 150 hours tracked service hours for time-period covering 1 Jan – 31 Dec 2024
- Volunteer service must support the Army community and mission
- Volunteer service must have made a significant impact on organization, project or community

## PLEASE NOTE:

- The approval authority for this award is any volunteer supervisor.

## Volunteer Nominee (please spell, as you would like it to appear on the award):

\_\_\_\_\_  
Last Name First Name

Telephone number: \_\_\_\_\_ (day) \_\_\_\_\_ (eve)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Agency or Brigade: \_\_\_\_\_

Name of Nominator: \_\_\_\_\_  
Printed Name Signature Date

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_



# AWARD NOMINATION CRITERIA FOR MANEUVER CENTER OF EXCELLENCE YOUTH VOLUNTEER OF THE YEAR



**Volunteer Position(s) Held**

**Dates of Volunteerism**

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**Explain the impact the nominee has had on the Army Community (list organization, project, etc.):**

**What makes the accomplishment of this nominee more significant than all others?**

**List any relevant accomplishment, awards or honors that the nominee has achieved:**

**Describe the nominee's special skills, qualities, and/or leadership:**

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# MANEUVER CENTER OF EXCELLENCE VOLUNTEER UNIT/ORGANIZATION OF THE YEAR AWARD NOMINATION OF THE YEAR



The Volunteer Unit/Organization of the Year Award is to recognize Unit/Organization who provided outstanding volunteer service to the Army Community.

**INSTRUCTIONS:**

1. Each Brigade, Community Agency or Volunteer Agency can nominate one Unit/Organization for this award.
2. Complete nomination packet.
3. Digitally send nomination packet to Ms. Francy Arvizu (ACS Specialist) by emailing [francy.j.arvizu.civ@army.mil](mailto:francy.j.arvizu.civ@army.mil) or hand carry to Army Community Service, Building 7, Fort Moore, GA no later than **14 March 2025 @1000.**
4. Ensure the Brigade Commander, Civilian Director or Agency Head signs and approves the nomination packet.
5. ACS must return incomplete nominations without action.

**CRITERIA:**

The Unit/Organization nominated must meet the following requirements in order to qualify for this award:

- Have all volunteers registered in Volunteer Management Information System (VMIS) with tracked service hours for time-period covering 1 Jan – 31 Dec 2024
- Volunteer service must support the Army community and mission
- Demonstrated extraordinary support for volunteer efforts in the Army community (i.e. number of registered active volunteers within the group, number of hours served, variety of services performed, etc.).
- Contributed significantly to impact the quality of life of the Fort Moore community and mission.

**Volunteer Unit/Organization Nominee (please spell, as you would like it to appear on the award):**

\_\_\_\_\_  
Unit/Organization Name

Telephone number: \_\_\_\_\_ (day) \_\_\_\_\_ (eve)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Agency or Brigade: \_\_\_\_\_

Name of Nominator: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_



# AWARD NOMINATION CRITERIA FOR MANEUVER CENTER OF EXCELLENCE VOLUNTEER UNIT/ORGANIZATION



**Volunteer Position(s) Held**

**Dates of Volunteerism**

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**Explain the impact the Unit/Organization has had on the Army Community (list organization, project, etc.):**

**What makes the accomplishment of this Unit/Organization more significant than all others?**

**List any relevant accomplishment, awards, or honors that the Unit/Organization has achieved:**

**Describe the Unit/Organization's special skills, qualities, and/or leadership:**

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# DA Form 4162 - Volunteer Service Record

<b>VOLUNTEER SERVICE RECORD</b>	
For use of this form, see AR 608-1; the proponent agency is OACSIM.	
<b>PRIVACY ACT STATEMENT</b>	
<b>AUTHORITY:</b>	5 USC Section 301, Department Regulations; 10 USC Section 3013, Secretary of the Army; and Army Regulation 608-1, Army Community Service Center.
<b>PRINCIPAL PURPOSE:</b>	To record essential background information on volunteers to assist in determining qualifications and task assignments. To maintain record of positions held, hours volunteered, training and awards received.
<b>ROUTINE USES:</b>	None. The "Blanket Routine Uses" set forth at the beginning of the Army's Complications of System of Records Notices apply to this system.
<b>DISCLOSURE:</b>	Voluntary. However, failure to provide the requested information may exclude you from participating in the Army Community Service Volunteer Program.
<b>INSTRUCTIONS:</b> Upon resignation, retirement or transfer, the original of this record will be furnished for the personal file of the volunteer and a duplicate will be maintained at the organization for at least three years. In case of transfer, a duplicate record will be furnished to the gaining organization upon request of the volunteer.	
1. NAME OF VOLUNTEER (Last, First, MI)	2. HOME ADDRESS (Street, City, State and ZIP Code)
3. EMAIL ADDRESS	
4. TELEPHONE NUMBERS a. HOME b. WORK c. FAX	5. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	6. DATE OF BIRTH (YYYYMMDD)
7a. SPONSOR NAME	7b. SPONSOR UNIT ADDRESS
8. Mark all the demographic data that applies to the volunteer. Family members of service members should indicate the branch of service and status of the sponsor.	
<input type="checkbox"/> SERVICE MEMBER <input type="checkbox"/> ARMY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE <input type="checkbox"/> CIVILIAN EMPLOYEE (APF and NAF) <input type="checkbox"/> OFFICER <input type="checkbox"/> ENLISTED <input type="checkbox"/> ADULT FAMILY MEMBER <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> RETIRED <input type="checkbox"/> YOUTH FAMILY MEMBER (Under age 18 and unmarried) <input type="checkbox"/> RESERVE <input type="checkbox"/> GUARD <input type="checkbox"/> CIVILIAN (Not connected with the military) <input type="checkbox"/> DECEASED	
9. CHILDREN AT HOME <input type="checkbox"/> NONE <input type="checkbox"/> PRESCHOOL <input type="checkbox"/> IN SCHOOL	10. INITIAL COMMITMENT <input type="checkbox"/> ONE DAY EVENT <input type="checkbox"/> ONE MONTH EVENT <input type="checkbox"/> THREE MONTHS
11. EDUCATION <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> ADVANCED DEGREE	<input type="checkbox"/> SIX MONTHS <input type="checkbox"/> NINE MONTHS <input type="checkbox"/> OTHER
12. WORK EXPERIENCE	
13. VOLUNTEER EXPERIENCE	

# DA Form 4713 - Volunteer Daily Time Record

## VOLUNTEER DAILY TIME RECORD

For use of this form, see AR 608-1; the proponent agency is ACSIM.

### INSTRUCTIONS

Upon resignation, retirement or transfer, the original of this record will be furnished for the personal file of the volunteer and a duplicate will be maintained at the organization for at least three years. In case of transfer, a duplicate record will be furnished to the gaining organization upon request of the volunteer. Upon completion of the calendar year, the annual total will be recorded on DA Form 4162.

NAME		YEAR																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL	
JAN																																	
FEB																																	
MAR																																	
APR																																	
MAY																																	
JUN																																	
JUL																																	
AUG																																	
SEP																																	
OCT																																	
NOV																																	
DEC																																	
TOTAL:																																	

DA FORM 4713, MAR 2013 THIS FORM SUPERSEDES THE PREVIOUS EDITION DATED, JUL 2003 AND REPLACES DA FORM 7493, AUG 2003, WHICH ARE OBSOLETE. AFD LG v1.00



# DA Form 5671 - Parental Permission Form

<b>PARENTAL PERMISSION</b> For use of this form, see AR 608-1; the proponent agency is OACSIM.	
<b>SECTION I</b>	
I, _____ <input type="checkbox"/> parent <input type="checkbox"/> guardian, give my permission for _____ <i>(name of child)</i> , to volunteer at _____ <i>(name of agency/activity)</i> on _____ <i>(installation)</i> on _____ <i>(date or day of</i> <i>week)</i> from _____ <i>(time)</i> .  I understand that my child will be performing the following volunteer services.  _____ _____ _____ <i>(Description of volunteer service performed)</i>	
<b>SECTION II - FOR APPROPRIATED FUND ORGANIZATIONS</b>	
I understand _____ <i>(name of child)</i> will be performing as a volunteer and he or she is not, because of these services, an employee of the United States Government or any instrumentality thereof <i>(except for certain purposes relating to criminal conflicts of interest, the Privacy</i> <i>Act, tort claims and workman's compensation coverage concerning incidents occurring during the</i> <i>performance of approved volunteer service as specified in 10 USC Section 1588(d)(1))</i> and shall receive no present or future salary, wages, or related benefits as payment for these volunteer services.	
TYPED/PRINTED NAME OF PARENT OR GUARDIAN	
SIGNATURE OF PARENT/GUARDIAN	DATE (YYYYMMDD)
<b>SECTION III - FOR NON-APPROPRIATED FUND ORGANIZATIONS</b>	
I understand _____ <i>(name of child)</i> will be performing services as a volunteer and he or she is not, because of these services, an employee of the United States Government or any instrumentality thereof <i>(except for certain purposes relating to tort claims and</i> <i>workman's compensation coverage concerning incidents occurring during the performance of approved</i> <i>volunteer service as specified in 10 USC Section 1588(d)(2))</i> and shall receive no present or future salary, wages, or related benefits as payment for these volunteer services.	
TYPED/PRINTED NAME OF PARENT OR GUARDIAN	
SIGNATURE OF PARENT/GUARDIAN	DATE (YYYYMMDD)

# DA Form 2793 - Volunteer Agreement

VOLUNTEER AGREEMENT FOR					
<input type="checkbox"/> APPROPRIATED FUND ACTIVITIES		<input type="checkbox"/> NONAPPROPRIATED FUND INSTRUMENTALITIES			
<b>PRIVACY ACT STATEMENT</b>					
<p><b>AUTHORITY:</b> 10 U.S.C. 1588, Authority to accept certain voluntary services; 5 U.S.C. 3111, Acceptance of volunteer service; and DoDI 1100.21, Voluntary Services in the Department of Defense.</p> <p><b>PRINCIPAL PURPOSES(S):</b> To acknowledge and document Volunteer Agreement for Appropriated Fund Activities or Nonappropriated Fund Instrumentalities before a statutory individual is allowed to provide volunteer services.</p> <p><b>ROUTINE USES:</b> There are no specific routine uses anticipated for this information; however, it may be subject to a number of proper and necessary routine uses that are identified in each of the following systems of records notices: (1) A0608b DFSC, Personal Affairs: Army Community Service Assistance Files (at <a href="http://dpold.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/">http://dpold.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/</a>); (2) NM01754-2, DON Family Support Program Volunteers (at <a href="http://dpold.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570427/nm01754-2/">http://dpold.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570427/nm01754-2/</a>); and (3) F036 AFDPC, Family Services Volunteer and Request Record (at <a href="http://dpold.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569815/f036-af-dp-c/">http://dpold.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569815/f036-af-dp-c/</a>).</p> <p><b>DISCLOSURE:</b> Voluntary; however, lack of a signed Volunteer Agreement will limit Government support and eliminate certain benefits to individuals donating voluntary services to Appropriated Fund Activities and Nonappropriated Fund Instrumentalities.</p>					
<b>PART I - GENERAL INFORMATION</b>					
1. NAME OF VOLUNTEER (Last, First, Middle Initial)		2. NAME OF PARENT/GUARDIAN (If volunteer is under age 18) (Last, First Middle Initial)		3. VOLUNTEER IS (Select one) <input type="checkbox"/> AGE 18 OR OVER <input type="checkbox"/> UNDER AGE 18	
4. TELEPHONE NUMBER (Include Area Code)			5. E-MAIL ADDRESS		
<b>PART II - VOLUNTEER ASSIGNMENT (to be completed by Accepting Official)</b>					
6. INSTALLATION/COMPONENT ACTIVITY	7. ORGANIZATION/UNIT WHERE SERVICE OCCURS	8. PROGRAM WHERE SERVICE OCCURS	9. ANTICIPATED DAYS OF WEEK	10. ANTICIPATED HOURS	
11. DESCRIPTION OF VOLUNTEER SERVICES					
<b>PART III - VOLUNTEER CERTIFICATION</b>					
12. CERTIFICATION					
I expressly agree that my services (or those of my minor child) 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, to participate in any training required to perform assigned voluntary duties, and to follow all installation, unit and organization rules and procedures applicable to the voluntary services I (or my minor child) will be providing.					
a. SIGNATURE OF VOLUNTEER		b. SIGNATURE OF PARENT/GUARDIAN (if volunteer is under age 18)		c. DATE SIGNED (YYYYMMDD)	
13.a. NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial)		b. SIGNATURE		c. DATE SIGNED (YYYYMMDD)	
<b>PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR AND SIGNED BY VOLUNTEER</b>					
14. AMOUNT OF VOLUNTEER TIME DONATED	a. YEARS. (2,087 hours = 1 year)	b. WEEKS	c. DAYS	d. HOURS	15. SERVICE END DATE (YYYYMMDD)
16.a. VOLUNTEER SIGNATURE	b. PARENT/GUARDIAN SIGNATURE (if volunteer is under age 18)	17.a. NAME OF SUPERVISOR (Last, First, Middle Initial)	b. SUPERVISOR'S SIGNATURE	c. DATE SIGNED (YYYYMMDD)	