SOUTH DAKOTA NATIONAL GUARD FAMILY PROGRAM

VOLUNTEER AGREEMENT

The intent of this agreement is to assure you of our deep appreciation of your services and to indicate our commitment to do our very best to make your volunteer experience productive and rewarding.

I. **NATIONAL GUARD**

We, The South Dakota National Guard, agree to accept the services of_____, and commit to the following:

(Volunteer name)

1. To provide adequate information, training, and assistance to enable you as a volunteer, to meet the position responsibilities.
2. To respect your skills, dignity, and needs and do our best to adjust to these individual requirements.
3. To be receptive to any comments you may have regarding ways we can mutually accomplish Family Program tasks.
4. To treat you, the volunteer, as an equal partner responsible for completion of the mission.

II. **VOLUNTEER**

I, _____, agree to serve as a volunteer and understand that I am not, solely because of these services, an employee of the United States Government, State of South Dakota Government, or any instrument thereof, except for certain purposes relating to tort claims and workman's compensation coverage with regard to incidents occurring during the performance of approved volunteer services. I agree that I expect no present or future salary, wages or benefits as payment for these volunteer services. I also commit to the following:

1. To perform my volunteer duties to the best of my ability in a professional manner.
2. To adhere to National Guard rules and procedures, including record keeping requirements and confidentiality of National Guard and service member/family information.
3. To meet time and duty commitments, or to provide adequate notice so alternate arrangements can be made.
4. To seek further training to improve my skills and knowledge.

III. **AGREED TO** This agreement may be canceled at any time upon verbal or written notification to your commander and the State Family Program Coordinator.

_____	_____
Volunteer	State Family Program Director
_____	_____
Date	Date

(Please complete reverse side of form)

SDNG Form 600-12-1R (1 Jun 00)

The following information is needed for requesting orders and for mailing or requesting information.

_____

I am volunteering with the above unit.

_____

Social Security Number

_____

Street or PO Box

_____

City ST ZIP

_____

Phone Number

_____

email address