

Shughart Volunteers

This pamphlet contains documents that are needed to be a volunteer in the school. Enclosed you will find a volunteer registration form, a Provost Marshall Office (PMO) background clearance form, and Volunteer Management Information System (VMIS) registration guidelines. It is very important that these forms are filled out and returned to the school so that we are following all of rules and regulations that allow us to best serve our children and the community of Linden Oaks.

The volunteer registration form allows us to see your interests, and allows you to participate in an area that would best suit your abilities. There are many ways to volunteer. You can make materials at home or at school by copying, filing, grading, helping in the library, or in the cafeteria. There are plenty of ways that we can be involved in the school.

The background check needs to be completed by the Provost Marshal Office (PMO) which is located on Armstead on main post. Once on Butner Road, take Armstead and the office is on the left hand side behind the Law Enforcement Center sign. It only takes 5 minutes, but each volunteer needs to go and present an ID (Driver License or Military ID). The hours are Monday, Tuesday, Thursday, and Friday from 8:30am – 4:30pm. The office is closed Wednesday. The phone number is 910-396-4931 if you get lost or have any additional questions.

Volunteer Management Information System (VMIS) allows you to search for volunteer opportunities, log your hours, and document training and awards. This system travels with you when you PCS or ETS, and provides you with a complete volunteer history whether you are just tracking your volunteer activities, or using the information to search for employment. VMIS is located at <http://www.myarmyonesource.com/> .

Thank you in advance for taking the time to complete all of this information and being an active part with Shughart Elementary. If we all work together we can ensure a successful school year.



DEPARTMENT OF DEFENSE
FORT BRAGG SCHOOLS
 FORT BRAGG, NORTH CAROLINA 28307-0089
 SHUGHART MIDDLE SCHOOL
 CAMERON, NC 28326
 (910) 907-0211



Parent Teacher Organization Interest Letter

Welcome to Shughart Middle School! At Shughart we look forward to developing a strong partnership with our families and working together to establish a school culture with open communication and a high level of parental involvement.

The Parent Teacher Organization (PTO) at Shughart will be a integral part of the Shughart Team and play a vital role in the success of our school. Together we will establish a Parent Teacher Organization and identify school volunteers to support school programs and events. If you are interested in participating in the PTO please complete the form below and return it to your child's homeroom teacher and or school.

Thank you for your interest and I look forward to working with you and your family at Shughart Middle School.

Mrs. Mary Leinard
 Principal
 910-907-0211
Mary.leinard@am.dodea.edu

Name _____ Home Phone _____

Email Address _____ Mobile _____

Part A. PTO Executive Board. I am interested in the following PTO Executive Board Position(s). I understand that elections will be held for board positions.

____ President ____ Vice President ____ Secretary ____ Treasurer

*** Please write a few sentences describing your interest in this position***

Part B. School Volunteers. I am interested in volunteering on the following committees.

____ Volunteer Coordinator ____ PTO Newsletter ____ Membership
 ____ Fundraising ____ Spirit Wear ____ School Pictures
 ____ Book Fair ____ Staff Appreciation ____ Month of the Military Child

LOG YOUR HOURS...

Updated 6/7/11

1. Go to www.MyArmyOneSource.com and log in.
2. Click on Volunteer Tools tab in the upper right hand corner.
3. Click on Volunteer Activity.
4. Click on the Hours button (highlighted in blue) next to your position.
5. To enter for the current month, select Day, & Add for Open Dates.
6. When you are finished entering hours, be sure to scroll to the bottom and click SAVE!



Department of Army Volunteer Management Information System (VMIS)

How to Guide for Volunteers

The Volunteer Management Information System (VMIS) is the Army's new online volunteer management tool located at www.MyArmyOneSource.com. The system provides a standardized system across the Army for volunteers to document their service history. It also allows for reporting of volunteer activity and statistics at the installation, region, and Department of Army levels. The system will allow you to document your entire volunteer history as you move from installation to installation. All installation volunteers are now required to register in this system and document hours each month.

Each organization has an Organization Point of Contact (OPOC) who manages the volunteers and hours within the system. If you don't know who your OPOC is, contact the AVCC at 396-8111. All technical issues should be addressed through the Chat with Technical Support located at the top of the page.

UPDATE YOUR PROFILE (EMAIL, ADDRESS, PHONE #, ETC.)...

1. Go to www.MyArmyOneSource.com and log in.
2. Click on Update Profile Box in upper right corner.
3. Click on Edit Profile.
4. Click on SAVE when done.

**HOURS MUST BE ENTERED INTO THE SYSTEM BY
THE 5TH OF THE MONTH FOR THE PREVIOUS
MONTH TO ENSURE CERTIFICATION.**



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	4. ORGANIZATION/UNIT WHERE SERVICE OCCURS	
5. PROGRAM WHERE SERVICE OCCURS	6. ANTICIPATED DAYS OF WEEK	7. ANTICIPATED HOURS
8. DESCRIPTION OF VOLUNTEER SERVICES		

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.

a. SIGNATURE OF VOLUNTEER	b. DATE SIGNED (YYYYMMDD)	
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

13. AMOUNT OF VOLUNTEER TIME DONATED				14. SIGNATURE	15. TERMINATION DATE <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>				b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)



DEPARTMENT OF THE ARMY
OFFICE OF THE PROVOST MARSHAL
2175 REILLY ROAD, STOP A
FORT BRAGG, NORTH CAROLINA 28310-5000

IMSE-BRG-ESM-S

MEMORANDUM FOR All Persons Requesting a Fort Bragg Criminal Record Check on
Themselves or the Below Listed Person:

SUBJECT: Fort Bragg Military Criminal Record Check

1. NAME _____

2. SSN# _____

3. RESULTS:

a. NO RECORD _____

b. DEROGATORY INFORMATION:

DATE OF OFFENSE _____

OFFENSE _____

Point of contact for this memorandum is the undersigned.

OFFICIAL AGENCY STAMP