

Enclosure (3) to COMDINST 1750.4D

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG- 6078 (3-06)	APPLICATION TO VOLUNTEER AS A COAST GUARD OMBUDSMAN For use of this form, see Ombudsman Program, COMDTINST 1750.4 (series); the proponent agency is CG-1112	DATE:
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PRIVACY ACT STATEMENT

AUTHORITY: Section 1588 of Title 10, U.S. Code, and E.O. 9397.

PRINCIPLE PURPOSE(S): to document voluntary services provided by an individual, including the hours of service performed, and to obtain agreement from the volunteer on the conditions for accepting the performance of voluntary service.

ROUTINE USERS(S): None.

DISCLOSURE: Voluntary; however failure to complete the form may result in an inability to accept voluntary services or an inability to document the type of voluntary services and hours performed.

GENERAL INFORMATION

1. NAME OF VOLUNTEER (<i>Last, First, Middle Initial</i>):	2. SOCIAL SECURITY NUMBER:
3. PHONE NUMBER:	4. DATE OF BIRTH:
5. NAME OF SPOUSE: (<i>Last, First, Middle Initial</i>)	6. SOCIAL SECURITY NUMBER:
7. MAILING ADDRESS:	
8. EMERGENCY CONTACT NAME:(<i>Last, First, Middle Initial</i>)	9. EMERGENCY CONTACT PHONE NUMBER:
10. IF EMPLOYED, EMPLOYER NAME AND ADDRESS:	
11. YOUR POSITION:	

BACKGROUND INFORMATION

1. DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. ISSUING STATE:
3. LICENSE NUMBER:	4. EXP. DATE (<i>DD/MM/YYYY</i>):
5. WITH THE EXCEPTION OF MINOR TRAFFIC VIOLATIONS, HAVE YOU EVER BEEN CONVICTED OF, OR ARE YOU CURRENTLY CHARGED WITH ANY MISDEMEANORS OR FELONIES? (IF YES, PLEASE EXPLAIN ON THE BACK OF THIS PAGE.) <input type="checkbox"/> YES <input type="checkbox"/> NO	
6. ANY PRIOR SUBSTANTIATED FAMILY ADVOCACY INVOLVEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
7. DO YOU GIVE PERMISSION FOR THE COAST GUARD TO DO A FAMILY ADVOCACY REFERENCE CHECK? <input type="checkbox"/> YES <input type="checkbox"/> NO SIGNATURE OF VOLUNTEER: _____ DATE: _____	

DO NOT WRITE IN THIS SPACE FOR FAMILY ADVOCACY SPECIALIST COMMENT ONLY: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CONTACT FOR ADDITIONAL GUIDANCE FAS SIGNATURE: _____	DATE: _____
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Enclosure (3) to COMDINST 1750.4D

PAGE 2 OF CG-6078 (3-06)

PREVIOUS OMBUDSMAN/RELATED EXPERIENCE

8. HAVE YOU EVER BEEN A COMMAND FAMILY OMBUDSMAN BEFORE? YES NO
IF YES, LIST BELOW:

COMMAND:	DATES:	REASON FOR LEAVING:

9. HAVE YOU PREVIOUSLY COMPLETED OMBUDSMAN BASIC TRAINING? YES NO
DATE COMPLETED: LOCATION OF TRAINING:

DATE COMPLETED:	LOCATION OF TRAINING:

10. OTHER TRAINING/EXPERIENCE THAT WILL HELP YOU PERFORM THE DUTIES OF AN OMBUDSMAN:

MEDICAL HISTORY

11. DO YOU HAVE ANY MEDICAL PROBLEMS THAT MIGHT RESTRICT YOU FROM PERFORMING NECESSARY DUTIES (DEPENDING ON THE COMMAND, CAN REQUIRE GOING ABOARD A SHIP OR BOAT TO GIVE A BRIEFING): YES NO IF YES, PLEASE EXPLAIN:

REFERENCES (PLEASE READ CAREFULLY)

12. LIST THREE REFERENCES. INCLUDE NAME, COMPLETE ADDRESS AND PHONE NUMBER OF EACH. MEMBERS OF YOUR FAMILY AND INDIVIDUALS WHO RESIDE IN THE SAME HOUSEHOLD MAY NOT BE USED AS REFERENCES. PLEASE ADVISE YOUR REFERENCES THAT THEY MAY BE CONTACTED BY THIS COMMAND. REFERENCES MAY INCLUDE MEMBERS OF THIS OR FORMER COMMANDS AS WELL AS EMPLOYER, FORMER EMPLOYER, ETC.

A. Name:	Phone #:
Address:	
B. Name:	Phone #:
Address:	
C. Name:	Phone #:
Address:	

PAGE 3 OF CG-6078 (3-06)

13. I HEREBY CERTIFY THAT ALL ENTRIES ON THIS APPLICATION ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSIFIED INFORMATION OR MISREPRESENTATION OF THE FACTS MAY RESULT IN THE DENIAL OF SELECTION OR REVOCATION OF APPOINTMENT REGARDLESS OF LENGTH OF SERVICE. I AUTHORIZE THE COMMANDING OFFICER, OR THEIR DESIGNEE(S), TO INVESTIGATE THE INFORMATION GIVEN IN THIS APPLICATION WITH THE PROPER AGENCIES/PERSONS. FURTHERMORE, I AGREE TO ABIDE BY THE APPLICABLE REGULATIONS AND POLICIES OF THE COAST GUARD COMMAND FAMILY OMBUDSMAN PROGRAM AS PRESCRIBED BY COMMANDANT INSTRUCTION 1750 UNDER THE SUPERVISION AND GUIDANCE OF THE COMMANDING OFFICER OF THIS COMMAND OR THEIR DULY APPOINTED REPRESENTATIVE.

NOTICE TO VOLUNTEER

14. I UNDERSTAND VOLUNTEERS ARE NOT CONSIDERED TO BE FEDERAL EMPLOYEES FOR ANY PURPOSES OTHER THAN TORT CLAIMS AND INJURY COMPENSATION. VOLUNTEER SERVICE IS NOT CREDITABLE FOR LEAVE ACCRUAL OR ANY OTHER BENEFIT. HOWEVER, VOLUNTEER SERVICE IS CREDITABLE FOR WORK EXPERIENCE.

_____ OMBUDSMAN INITIALS

PRINT NAME:

DATE:

SIGNATURE:

Ombudsman Reference Verification Sheet

Use this form to verify reference checks for the ombudsman. It shall be maintained in the Administrative file.

Reference Check # 1

Reference Name: _____ Date: _____

Comments: _____

Verified by: _____

Reference Check # 2

Reference Name: _____ Date: _____

Comments: _____

Verified by: _____

Reference Check # 3

Name: _____ Date: _____

Comments: _____

Verified by: _____

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VOLUNTEER AGREEMENT FOR			
<input type="checkbox"/> APPROPRIATED FUND ACTIVITIES	<input type="checkbox"/> NONAPPROPRIATED FUND INSTRUMENTALITIES		
PRIVACY ACT STATEMENT			
<p>AUTHORITY: Section 1588 of Title 10, U.S. Code, and E.O. 9397.</p> <p>PRINCIPAL PURPOSE(S): To document voluntary services provided by an individual, including the hours of service performed, and to obtain agreement from the volunteer on the conditions for accepting the performance of voluntary service.</p> <p>ROUTINE USE(S): None.</p> <p>DISCLOSURE: Voluntary; however failure to complete the form may result in an inability to accept voluntary services or an inability to document the type of voluntary services and hours performed.</p>			
PART I - GENERAL INFORMATION			
1. TYPED NAME OF VOLUNTEER <i>(Last, First, Middle Initial)</i>	2. SSN	3. DATE OF BIRTH <i>(YYYYMMDD)</i>	
4. INSTALLATION	5. ORGANIZATION/UNIT WHERE SERVICE OCCURS		
6. PROGRAM WHERE SERVICE OCCURS	7. ANTICIPATED DAYS OF WEEK	8. ANTICIPATED HOURS	
9. DESCRIPTION OF VOLUNTEER SERVICES			
PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES			
<p>10. CERTIFICATION</p> <p>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.</p>			
a. SIGNATURE OF VOLUNTEER		b. DATE SIGNED <i>(YYYYMMDD)</i>	
11.a. TYPED NAME OF ACCEPTING OFFICIAL <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED <i>(YYYYMMDD)</i>	
PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES			
<p>12. CERTIFICATION</p> <p>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.</p>			
a. SIGNATURE OF VOLUNTEER		b. DATE SIGNED <i>(YYYYMMDD)</i>	
13.a. TYPED NAME OF ACCEPTING OFFICIAL <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED <i>(YYYYMMDD)</i>	
PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR			
14. AMOUNT OF VOLUNTEER TIME DONATED		15. SIGNATURE	16. TERMINATION DATE <i>(YYYYMMDD)</i>
a. YEARS <i>(2,087 hours= 1 year)</i>	b. WEEKS	c. DAYS	d. HOURS
17.a. TYPED NAME OF SUPERVISOR <i>(Last, First, Middle Initial)</i>		b. SIGNATURE	c. DATE SIGNED <i>(YYYYMMDD)</i>

Ombudsman Initial Command Briefing Checklist

Ombudsman shall complete an initial command brief before the performance of official ombudsman duties. This briefing shall be completed by the time of or in conjunction with the appointment of the ombudsman. The Ombudsman shall initial each topic area after discussion. The Commanding officer and the ombudsman shall sign and date this checklist and forward a copy of this completed checklist, along with a copy of the appointment letter to the servicing ISC ombudsman coordinator.

- _____ Interview date: _____;
- _____ Complete part I & II of DD Form 2793, Volunteer agreement (replace SF-50 Personnel Action Request);
- _____ Appointment letter from the command provide original to ombudsman, copy in administrative file, copy to ombudsman program supervisor;
- _____ Brief on local command structure and overview of missions of local command;
- _____ Provide command point of contact names and contact numbers;
- _____ COMDTINST 1750.4D Ombudsman Program – provide a copy of this instruction;
- _____ COMDTINST 1750.7 Family Advocacy Program – provide a copy of this instruction
- _____ Local reporting requirements for abuse issues, emergencies, etc. – name and contact information for family advocacy specialist; ombudsman are mandatory reporters; other emergency command numbers; when to notify the CO
- _____ Confidentiality – the protection of the command roster; and guidance of this instruction discussed;
- _____ Provide command roster - CO decides information on the roster, remove social security numbers, if necessary, replace with another confidential identifier such as employee ID numbers, if possible;
- _____ Administrative support – POC for ombudsman admin support, supplies; procedures to obtain supplies, work space and other support;
- _____ Expense reimbursements procedures – advance approval of reimbursable expenses
- _____ Ombudsman Coordinator and program supervisor – name and contact information
- _____ Annual ombudsman training is required; refer to ombudsman coordinator for date and time;
- _____ Order a name tag from the local uniform distribution center – blue military name tag with Ombudsman name on first list, and command name followed by the word ombudsman on the second line.
- _____ Ombudsman service hours and reporting data – ombudsman shall complete and forward to commanding officer monthly.

Other topics: _____

Ombudsman Printed Name	
Ombudsman Signature:	Date:
Command Representative Printed Name	
Command Representative Signature	Date:

Ombudsman Administrative File Checklist

A separate file shall be maintained on each appointed command ombudsman. The file shall be maintained by the appointing commanding officers and shall include:

- Ombudsman application completed and signed by the ombudsman
- Department of Defense Form 2793, Volunteer agreement for appropriated fund activities
- Copy of appointment letter signed by the officer in charge, forward copy of letter and volunteer agreement to servicing ISC ombudsman coordinator immediately, give original to ombudsman
- Family advocacy check returned and signed by family advocacy specialist, this is the first page of the application
- Reference verification sheet
- Completed ombudsman command briefing checklist – complete with ombudsman before assignment of duties
- Documentation – place documentation in file for future reference and reporting, for example:
 - _____ Documentation of basic ombudsman training
 - _____ Documentation of ongoing or advance training
 - _____ Advance program planning
 - _____ Supervision notes
 - _____ Comments
 - _____ Other
- On-going documentation shall occur on a quarterly basis. Maintain administrative files for 3 years after date of last entry.
- Termination of Services, DD Form 2793, complete part IV give ombudsman a copy place in administrative file.

