



## HOPE Spiritual Fitness Initiative

---

### HOPE TECHNICIAN ORIENTATION DOCUMENTS

Welcome to the HOPE Spiritual Fitness Initiative. Before you can get started with the program you must sign the following documents:

- Chapel Volunteer Agreement
- DD FORM 2793 - Volunteer Agreement
- Privileged & Sensitive Information Communication: NDA Non-disclosure Agreement
- HOPE Specialist Job Description
- Hope Initiative SOU

\*NOTE\* Please use digital signatures when returning orientation documents.

Return signed documents to [Thomas.Fickling.1@us.af.mil](mailto:Thomas.Fickling.1@us.af.mil)

Please let us know if you have any questions. We are so excited to see you take the first steps in joining this program!

## Chapel Volunteer Agreement

In consideration for the opportunity to serve as a chapel office volunteer, I agree to the following:

- The chapel volunteer program is built on the values of mission first, doing the right thing, respect, excellence, collaboration, accountability, gratitude, and innovation. I accept these values as a guiding force for my association with the chaplain's office.
- I have read the Standards of Conduct of the Chapel Volunteer Program and I agree to adhere to its principles and values.
- Volunteer service with the chaplain's office is a privilege, and not a right. I understand that my volunteer service is at the sole discretion of the Wing Chaplain and that the Wing Chaplain may elect to discontinue my services at any time and for any or no reason.
- I will respect and comply with the directions and guidance provided. If I have questions or concerns about my volunteer assignment, I will work collaboratively and professionally with the staff to resolve those questions or concerns.
- I am a highly valued member of the chapel team. Status as a volunteer will make me eligible for recognition for my volunteer service but does not carry status as an employee or paid contractor of the chaplain's office. I understand that volunteers are not eligible to participate in any employee pension, health, vacation pay, sick pay or other fringe benefit plan of the chaplain's office.
- My volunteer assignment may, at times, expose me to unique, valuable, proprietary, privileged and/or confidential information. I agree to safeguard and hold this information and not reveal, divulge or make known this information to any other person without express consent of the Wing Chaplain or the individuals whose information I received.
- My acceptance and continuance as a chapel volunteer depends upon the successful completion of training, refresher training, and successful performance.
- I will fulfill the time commitment required of my volunteer assignment.

I understand this agreement serves as testament to my commitment as a volunteer for the chapel team.

Volunteer: \_\_\_\_\_

Wing Chaplain or Designated Representative: \_\_\_\_\_

Date: \_\_\_\_\_

**VOLUNTEER AGREEMENT FOR**

<input checked="" type="checkbox"/> <b>APPROPRIATED FUND ACTIVITIES</b>	<input type="checkbox"/> <b>NONAPPROPRIATED FUND INSTRUMENTALITIES</b>
---	--

**PART I - GENERAL INFORMATION**

1. <i>TYPED NAME OF VOLUNTEER (Last, First, Middle Initial)</i>		2. <i>YEAR OF BIRTH</i>
3. <b>INSTALLATION</b>	4. <b>ORGANIZATION/UNIT WHERE SERVICE OCCURS</b>	
5. <b>PROGRAM WHERE SERVICE OCCURS</b>	6. <b>ANTICIPATED DAYS OF WEEK</b>	7. <b>ANTICIPATED HOURS</b>

**8. DESCRIPTION OF VOLUNTEER SERVICES**  
 Volunteers will work in a chapel or chapel auxiliary setting in support of a variety of religious support programs. Activities will include but are not limited to instruction, assistance with music and crafts, administration, worship support, and general program support.

**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. <b>SIGNATURE OF VOLUNTEER</b>		b. <b>DATE SIGNED (YYYYMMDD)</b>
10.a. <b>TYPED NAME OF ACCEPTING OFFICIAL</b> <i>(Last, First, Middle Initial)</i>	b. <b>SIGNATURE</b>	c. <b>DATE SIGNED (YYYYMMDD)</b>

**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. <b>SIGNATURE OF VOLUNTEER</b>		b. <b>DATE SIGNED (YYYYMMDD)</b>
12.a. <b>TYPED NAME OF ACCEPTING OFFICIAL</b> <i>(Last, First, Middle Initial)</i>	b. <b>SIGNATURE</b>	c. <b>DATE SIGNED (YYYYMMDD)</b>

**PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR**

<b>13. AMOUNT OF VOLUNTEER TIME DONATED</b>				<b>14. SIGNATURE</b>		<b>15. TERMINATION DATE</b> <i>(YYYYMMDD)</i>	
a. <b>YEARS</b> <i>(2,087 hours=1 year)</i>	b. <b>WEEKS</b>	c. <b>DAYS</b>	d. <b>HOURS</b>				
16.a. <b>TYPED NAME OF SUPERVISOR</b> <i>(Last, First, Middle Initial)</i>				b. <b>SIGNATURE</b>		c. <b>DATE SIGNED (YYYYMMDD)</b>	

**CHAPEL PRIVILEGED COMMUNICATION NON-DISCLOSURE AGREEMENT**

Confidentiality is an integral part of the AF Chaplain Corps mission. In my role as an employee, contractor or volunteer, my responsibilities may expose me to privileged communication or confidential information. Per Military Rule of Evidence 503, Communications to Clergy: This privilege protects communications made as a formal act of religion or conscience. The privilege may be claimed by the individual making the confession and be intended to be confidential.

I understand that maintaining confidentiality is of critical importance in my work with the Chaplain Corps mission. During my work, I may learn confidential information that is related to the confidential communications of chaplains or support personnel assigned to the office. Command, client, and customer information, from any source and in any form, is strictly confidential. This includes the mere fact that an individual has come to the chapel or was discussed by personnel in the office.

I agree that I will not violate the confidentiality interests of any person whose circumstances I become aware of in the course of my volunteer duties. I will presume that any information I learn in the office is confidential unless I am explicitly advised otherwise by a chaplain or by the Chapel Superintendent/NCOIC. If at any time I learn of confidential information in which I have a personal interest (e.g., information regarding a family member, friend, or neighbor), I will disclose that personal interest to either the Wing Chaplain or equivalent.

This agreement does not prevent me from discussing the general nature of my work, the general work of the office, or official matters that are known to the general public. However, in the course of discussing those matters, I understand that under no circumstances may I reveal confidential information.

If I have any questions about this agreement or about disclosing any specific information, I will consult with either the Wing Chaplain or equivalent.

I have read this agreement and agree to abide by its terms.

\_\_\_\_\_  
Chapel Staff Witness

\_\_\_\_\_  
Member or Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## HOPE Spiritual Fitness Initiative

---

### HOPE TECHNICIAN REQUIREMENTS

As a HOPE Technician you are a representative of the 647th ABG Chapel and staff among your work peers. To maintain your position as a HOPE Technician you must work hard to serve your co-workers, be an example for your peers, keep yourself from any reprimands including LOCs and LORs, and display the highest level of integrity.

**Will the volunteer be working with children under the age of 18 years of age: NO X**

**Additional requirements:**

- Orientation interview with Chaplain or Program Director
- You, your Supervisor, and First Shirt Sign the Statement of Understanding
- 1 HOPE meeting per month (we can work with your schedule)
- Attend regular training seminars

**Additional Comments:**

---

---

---

**Volunteer signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chaplain or Program Director signature:** \_\_\_\_\_

# HOPE Initiative

## Statement of Understanding

I \_\_\_\_\_ volunteer to serve as a HOPE Technician. I obtained permission to volunteer from my commander, First Sergeant, or agency head.

As a participant, I understand:

- I will attend training on specified Wednesdays after duty hours as my alternate duty location.
- I am expected to arrive on time with required materials in hand. I will also actively participate with comments and questions regarding the material presented.
- Upon completion of HOPE training, I will receive some counseling tools but will not be a trained counselor and will not have the right to provide confidential counseling.
- I will be expected to follow guidelines as outlined in the orientation documents.

## Acknowledgements

- As the participant, I agree to the terms listed on this Statement of Understanding.
- As the participant's supervisor, I acknowledge they have permission to attend the HOPE training.
- As the participant's First Sergeant/designee, I acknowledge they have permission to attend the HOPE training.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Squadron

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Squadron

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of First Sergeant or designee

\_\_\_\_\_  
Squadron

\_\_\_\_\_  
Date