

FOIA MARKER

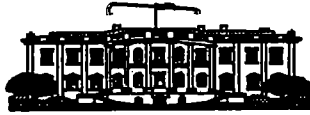
**This is not a textual record. This is used as an
administrative marker by the William J. Clinton
Presidential Library Staff.**

Collection/Record Group: Clinton Presidential Records
Subgroup/Office of Origin: National AIDS Policy Office
Series/Staff Member: Sandra Thurman
Subseries:

OA/ID Number: 40014
FolderID:

Folder Title:
Admin - Volunteer Forms

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	11	3



THE WHITE HOUSE
Volunteer Office

From: Judithanne, x65443

Date: 12/4

To:

Gold Summers

☐ For your action

☐ For your
information

☐ Per your request

☐ For your approval

☐ Call me on this

☐ Please advise on
how to respond

THE WHITE HOUSE

WASHINGTON

Dear Prospective Volunteer:

Thank you for your interest in joining the White House Volunteer Program. Volunteers play an important role in the operation of the White House, and we welcome your application.

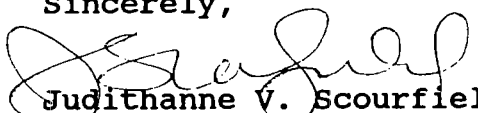
White House volunteers may be assigned to any number of different duties, from processing Presidential correspondence to data entry, depending on the needs of the various White House offices and a volunteer's interests and abilities. The requirements for participation are a minimum age of eighteen, United States citizenship, and a commitment to work a minimum of sixteen hours per month for no less than one full year.

Please complete the enclosed forms and return them in the envelope provided. We would appreciate receiving your paperwork no sooner than thirty days prior to the time you would like to begin volunteering. The "Supplemental Information Sheet for Personnel Action" (blue form) covers information required for your security clearance. Be sure to fill out the first and third sections of the questionnaire completely, and sign and date at the bottom. Remember to provide references, as requested on the back of the "Volunteer Profile," (yellow form). The Volunteer Agreement (pink form) must be signed and completed as well. Also, please sign AND date the attached pre-typed FBI consent form, expressly agreeing that the FBI may provide otherwise confidential information to the White House.

If you have any questions or need assistance in completing the application forms, please contact my office at (202) 456-7756. Following final review of your application, you will be contacted by the Volunteer Office. Please note that at the present time your name may be placed on a waiting list. Preference will be given to those applicants able to work more than the sixteen hour minimum.

Thank you again for your interest. I look forward to working with you.

Sincerely,



Judithanne V. Scourfield
Director

White House Volunteer Office

White House Office
Supplemental Information Sheet for Personnel Action
(To be completed by all persons tentatively selected for employment)

Date: _____

Name: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: _____
Local Address: _____ Last Permanent Address: _____

In case of emergency notify: _____ Phone Number: _____
Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced
Spouse's Name: _____ Spouse's Employer: _____

Department/Office/Agency: _____
Reporting to: _____ Office Phone Number: _____
Personnel Status: ☐ White House Employee ☐ Other Government Employee (please specify):
☐ Reimbursable Detail ☐ Non-reimbursable detail ☐ Volunteer
☐ Assignee ☐ White House Fellow ☐ Presidential Management Intern
☐ Historically Provided Service ☐ Intergovernmental Personnel Agreement ☐ Intern
Other: _____

(For all Other Government Employees, please attach a brief description of the individual's role and responsibilities)
Effective Date: _____ Ending Date (If applicable): _____

Current or Most Recent Place of Employment: _____
Address: _____
Supervisor: _____ Phone Number: _____
Military Service: ☐ Yes ☐ No Service Branch: _____ Date of Discharge: _____
Prior EOP Service: ☐ Yes ☐ No Agency: _____ Dates of Employment: _____
Have you ever been fired from any job for any reason, quit after being told you would be fired, or left by mutual agreement because of specific problems? ☐ Yes ☐ No (If yes, please explain on the back of this form.)
Are you now under any charge, or have you ever been convicted of, or forfeited collateral for any violation of law?
☐ Yes ☐ No (If yes, please explain on the back of this form.)

To Be Completed By Requesting Official:

Type of Pass or access requested:
☐ WH Badge ☐ WH Vol ☐ WH Access ☐ Other (OGA, NGS, CON)
☐ EOP Badge ☐ EOP Vol ☐ EOP Access

Signature of Requesting Office

Approving Official

To be completed by all regular Employees and Other Government Employees:

I acknowledge that the information provided herein is true and correct to the best of my knowledge and further acknowledge that this information may be used to initiate a preliminary background investigation in preparation for my employment in the White House and the Executive Office of the President.

Signature

Date

To be Completed by Volunteers Only:

I acknowledge that the personnel data is correct and I am volunteering my services without compensation or promise of such.

Signature

Date

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VOLUNTEER AGREEMENT

I, _____, recognize the importance and sensitivity of my role as a White House volunteer. In consideration of the opportunity to provide voluntary services to the White House, I hereby acknowledge and agree to the following:

- (i) I may have access as a volunteer to nonpublic, privileged and/or confidential information. I agree not to share such information with anyone outside the White House complex, unless such disclosure is required by law.
- (ii) I agree that all materials, documents, and/or information conveyed to the President are government or private property, and I agree that I will not duplicate, remove from the White House complex, or otherwise appropriate any such materials or information without duly authorized written permission to do so. I acknowledge that doing so may subject me to criminal liability.
- (iii) I understand that I have no authority to make policy or to speak on behalf of the White House. I further acknowledge that I am not authorized to discuss official matters with any persons outside the White House.
- (iv) I agree that I may not use my position as a volunteer to obtain benefits for myself or for others that are not available to the general public.
- (v) I agree to complete all necessary forms and documents required by the Volunteer Office, the Office of White House Personnel Security, or the United States Secret Service.
- (vi) I agree that I will not work on White House matters that could directly affect my financial interests, or those of my family or any organization or entity with which I am affiliated.
- (vii) I agree to comply with all applicable laws and regulations while performing my services as a volunteer.
- (viii) I agree that I am volunteering my service of my own free will without compensation from the Federal government or the expectation of such.
- (ix) I understand that my services as a volunteer may be discontinued at any time and for any reason.

- (x) I agree to commit to one full year of volunteer service.
- (xi) I agree to work a minimum of sixteen hours per month.
- (xii) I agree to restrict myself to certain locations within the White House Complex, i.e. the Volunteer Office, volunteer assigned work area, the restroom and cafeteria.
- (xiii) I agree that I must receive authorization from the Counsel's Office (202-456-6229) before I provide assistance on matters of policy or accept discretion to exercise independent authority in the White House complex. I understand that if my duties change to include such responsibilities, I may be required to attend ethics training, file financial disclosure reports, and/or comply with other conflicts of interest requirements.

I understand that others are depending on me to be in attendance during the times that I have committed to do so. I will do my best to meet these obligations. If I am unable to be present when expected, I will call the White House Volunteer Office at 202-456-7756 and/or my supervisor as early as possible so that a replacement may be obtained.

SIGNATURE: _____

DATE: _____

D.O.B. _____

PLACE OF BIRTH: _____

SUPERVISOR'S AGREEMENT:

The above volunteer will provide only clerical, administrative, or other assistance of nondiscretionary nature. I understand that volunteers providing assistance on matters of policy or given discretion to exercise independent authority in the White House complex must be cleared through the Counsel's Office.

SUPERVISOR'S NAME: _____

OFFICE: _____

SUPERVISOR'S SIGNATURE: _____

DATE: _____

SCHEDULING

please list the days and hours you can volunteer. Volunteers are encouraged to commit to a fixed schedule. REMEMBER: You must commit to a minimum of sixteen hours per month in order to join the White House Volunteer Program.

Those people who are able to volunteer a full day per week, approximately 9 to 5, will be given priority in placement.

MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____

REFERENCES

please list three references other than relatives.

Name:

Address:

Home Phone:

Work Phone :

Name:

Address:

Home Phone:

Work Phone:

Name:

Address:

Home Phone:

Work Phone:

WHITE HOUSE VOLUNTEER PROFILE

Please complete all information requested.

PERSONAL INFORMATION

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

SOCIAL SECURITY: _____

PLACE OF BIRTH: (City and State) _____

SKILLS

Do you have computer skills? Please specify.

Do you have excellent penmanship or do calligraphy?

Do you have telephone or secretarial skills?

Do you have any other skills that may assist us in appropriate placement? If yes, please describe.

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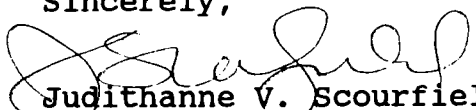
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Date: _____

Name: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: _____
Local Address: _____ Last Permanent Address: _____

In case of emergency notify: _____ Phone Number: _____
Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced
Spouse's Name: _____ Spouse's Employer: _____

Department/Office/Agency: _____
Reporting to: _____ Office Phone Number: _____
Personnel Status: ☐ White House Employee ☐ Other Government Employee (please specify):
☐ Reimbursable Detail ☐ Non-reimbursable detail ☐ Volunteer
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Have you ever been fired from any job for any reason, quit after being told you would be fired, or left by mutual agreement because of specific problems? ☐ Yes ☐ No (If yes, please explain on the back of this form.)
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Address:

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Work Phone:

Name:

Address:

Home Phone:

Work Phone:

**Date** _____

PLEASE PRINT



Date _____

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Date _____

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