



TOYS FOR TOTS GRATUITOUS SERVICE AGREEMENT

I, _____, by signing this Agreement, agree to provide gratuitous-volunteer

(Name of Volunteer) services as a Toys for Tots volunteer for MAG-41, in compliance with 10 U.S.C. §1588. I agree to provide such services without expectation of compensation. I further understand that such gratuitous service does not constitute Government service for purposes of Federal retirement benefits or preference in hiring for paid Federal employment positions. Any reimbursement for incidental expenses shall be subject to the availability of funds and the MAG-41 Marine Toys for Tots Foundation (LCO's)/Commanding Officer's (Marine Reserve sites) discretion.

In compliance with 10 U.S.C. §1588(a)(3)(A), the nature of my service will be to provide volunteer services for the Toys for Tots Program. I understand that as a Toys for Tots volunteer, I will not be considered a Federal employee for any purpose other than the Federal Tort Claims Act (28 U.S.C. §§1346(b), 2671, 2672, and 2674-2680) and the Military Claims Act (10 U.S.C. §§ 2731-2738). I may also be entitled to compensation under the Federal Employees' Compensation Act (5 U.S.C. §§ 8101-8193), should I suffer any personal injuries in the performance of my volunteer services for the Toys for Tots Program.

I understand that as a Toys for Tots volunteer, any personal information provided to me during the course of my volunteer services is, and will be, protected from release to any individual by the Privacy Act of 1974. I agree to hold myself to the highest standards of confidentiality, in this regard. I further understand that any issues pertaining to military members, their families, donors, or recipients of Toys for Tots items will be discussed ONLY with those individuals with a "need to know".

This document encompasses all understandings between myself and MAG-41 as it pertains to my MAG-41 volunteer services for the Toys for Tots Program.

Printed Name: _____

Organization type **Military**__ **Civilian Business** _____ **Individual**_____

Organization Name: _____

Cell phone: _____

E-mail: _____

Volunteer location _____

SIGNATURE _____ DATE: _____