

**21st TSC CARE Team Volunteer
Responsibilities Acknowledgment Form**

Name: _____

Unit: _____ Contact Number: _____

Available Contact Times: From _____ to _____

Alternate Contact Number: _____ From _____ to _____

I am willing to provide assistance to the CARE Team in the following areas:

Call Team ____ Meal Team ____ ChildCare ____ Home Team ____

I understand the responsibilities of the above team for which I have volunteered to be:

Call Team – make and receive phone calls as needed. Take messages and forward them to the appropriate family member. To contact, as needed and requested by the family member, agencies, schools, family and friends. To make calls to cancel appointments, stop services, notify agencies and companies of the Soldier status as needed and requested by the family member.

Home Team – provide assistance with normal household functions to include, but not limited to, cleaning, organizing, trash removal.

Meal Team – provide food for immediate family members of injured/deceased Soldier or spouse.

ChildCare – coordinate child care and extracurricular activities for the children of injured/deceased Soldier or spouse.

CONFIDENTIALITY STATEMENT

I WILL NOT inform others that I have been contacted to be a member of an activated CARE Team.

I will not disclose any personal information, conversations or transactions that occur while I am assisting the next of kin, except with those personnel that have an official need to know. Those personnel include only the Casualty Affairs Officer, the Rear Detachment Commander, the Chaplain, and the CARE Team Leader. I will protect and respect the privacy and confidentiality of the surviving family members at all times.

My signature on this form denotes complete understanding and agreement to the aforementioned statements.

PRINT NAME

SIGNATURE

DATE