

**DoD EXPEDITIONARY CIVILIAN AGREEMENT  
CAPABILITY-BASED VOLUNTEER**

Civilian employees are asked to perform operational mission functions in locations and positions away from their normal workplace. DoD Expeditionary Civilians are prepared to respond to requirements in support of combat, expeditionary, or other operations as defined in DTM-17-004, DoD Expeditionary Civilian Workforce

**PRIVACY ACT STATEMENT**

**AUTHORITY:** DTM-17-004, DoD Expeditionary Civilian Workforce

**PRINCIPAL PURPOSE(S):** To document an employee's agreement to the requirements associated with designation as a Capability-Based Volunteer (CBV) with the DoD Expeditionary Civilian workforce. This information is stored in the Defense Personnel Data System (DCPDS) (<http://dpclid.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570697/dpr-34-dod.aspx>) and the Official Personnel File (OPF) (<http://dpclid.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570733/opmgovt-1.aspx>).

**ROUTINE USE(S):** There are no specific routine uses for the information contained on this form. Any general routine uses are associated with the Systems of Record indicated above.

**DISCLOSURE:** Voluntary; however, failure to provide the information, failure to sign and execute this form may be cause for non-selection

**SECTION A - EMPLOYEE IDENTIFICATION**

1. TYPED NAME *(Last, First, Middle Initial)*

**SECTION B - POSITION IDENTIFICATION**

2. ORGANIZATION NAME

3. POSITION NUMBER

4. POSITION TITLE

5. SERIES

6. PAY PLAN

7. GRADE

**SECTION C - SUPERVISOR'S STATEMENT: CAPABILITY-BASED VOLUNTEER**

8. The employee has been approved as a CBV, and meets satisfactory performance, conduct, and fitness requirements to be considered for expeditionary assignment, consistent with the definitions in DTM-17-004, DoD Expeditionary Civilian Workforce

**9. SUPERVISOR**

a. TYPED NAME *(Last, First, Middle Initial)*

b. TITLE

c. SIGNATURE

d. DATE SIGNED *(YYYYMMDD)*

**SECTION D - EMPLOYEE'S AGREEMENT**

10. I HAVE READ this agreement. I understand and agree:

- a. To be considered for expeditionary assignments as defined in DTM-17-004.
- b. To serve and perform duties and responsibilities of such assignment, if selected.
- c. To the best of my knowledge, I have no known medical or other limitation that would preclude consideration.
- d. Failure to execute this agreement may result in removal from eligibility for the CBV program.

11. EMPLOYEE SIGNATURE

12. DATE SIGNED *(YYYYMMDD)*

## SECTION E - DEFINITIONS

**Capability-Based Volunteer (CBV):** An employee who may be asked to volunteer and been approved by the chain of command to support critical requirements of the DoD Expeditionary Civilian workforce. Such requirements could be overseas or at other locations away from the normal place of duty, in a combat, contingency, emergency, or disaster operations as defined in DTM-17-004.

**DoD Expeditionary Civilians:** DoD civilians who provide essential capabilities at their assigned station, to include situations in which other civilians have evacuated, or while deployed away from their assigned station resulting from their Emergency Essential (E-E), Non-Combat Essential (NCE), or CBV designations, and who are prepared, trained, cleared, equipped, and ready to deploy in support of combat operations by the military, contingency operations, emergency operations, humanitarian missions, disaster relief, restoration of order, drug interdiction, and stability operations of the DoD.

## SECTION F - TERMS AND CONDITIONS FOR CBV

- (1) As a condition of serving as a CBV, I must execute this agreement.
- (2) As an employee, I agree to list my capabilities and skills so when an expeditionary requirement exists for a DoD civilian employee with such skills, I can be contacted and asked to volunteer for such an assignment. I understand there is no penalty for not agreeing to volunteer when asked to serve in a specific expeditionary requirement; however, refusal to accept an offered assignment may cause me to be removed from the program for future consideration.
- (3) I agree to identify capabilities that may or may not be related to my current position to support DoD expeditionary requirements.

### **Suitability:**

- (1) I acknowledge that in accordance with DTM-17-004, DoD will ensure that expeditionary civilians have the related competencies, skills, abilities, and medical and psychological fitness to be successful in high pressure and austere operational environments. Furthermore, I will be working as part of a Total Force integrated team (military, contractor, Federal civilian and foreign national personnel), delivering results as a measure of successful job performance, and demonstrating the highest professional and ethical behavior to maintain a deployment environment characterized by good order, discipline and conduct.
- (2) I understand that the ability to be deployed worldwide is an essential function for serving as a CBV. I must meet the essential positional requirements, with or without reasonable accommodation, and be medically cleared for deployment in accordance with DoDI 6490.03 and DoDI 6490.07 prior to deployment.
- (3) I must complete valid administrative documents, have or obtain the appropriate security clearance, have or establish a current family care plan as applicable under DoDI 1342.19 and have or complete a Record of Emergency Data (DD Form 93).

### **Deployment:**

- (1) If deployed, I understand force health protection pre- and post-deployment health assessments, health assessment information, and procedures for deployment health activities such as submission of health assessment information to the Defense Surveillance System may also be required in accordance with DoDI 6490.03 or other deployment health policy.
- (2) While deployed, I will serve under the Combatant Commander's authority, direction, and control of the area in which I serve. I may be subject to the Uniform Code of Military Justice and/or may be subject to prosecution under the Military Extraterritorial Jurisdiction Act.