

Name: _____

ETS: _____

MILITARY FUNERAL HONORS PARTICIPANT CHECKLIST

Check When Completed	Documents	Date Turned in and Initialed by MFH Office Personnel
_____	Participant Information Sheet	_____
_____	Copy of Photo ID Civilian Drivers License / Military Drivers License	_____
_____	Letter of Recommendation 1 by Soldiers Company Commander	_____
_____	Letter of Recommendation 2 by Soldiers Readiness NCO	_____
_____	Funeral Honors Statement	_____
_____	Copy of Last APFT and 5500-R Male OR 5501-R Female	_____
_____	Copy of Accident Avoidance	_____

***Statement of Agreement, Initial Counseling Form, Hand Receipt, or Alterations Slip Will NOT be signed by Participant or signed off until all the above information is completed and returned.**

_____	Initial Counseling	_____
_____	GSA Agreement Signed and Dated Memo by Mrs. Bloom	_____
_____	Statement of Agreement	_____
<u>AFTER ACTIONS</u>		
_____	Hand Receipt (Supply NCO)	_____
_____	Add to Call Roster (AC)	_____
_____	Add to Tasking List (AC)	_____
_____	File Signed SOA (AC)	_____

Who recruited you? _____

How did you hear about the program? _____

"Honoring Those Who Served"

SAMPLE

SAMPLE

MILITARY DEPARTMENT OF ARKANSAS
MILITARY FUNERALS CORRINATOR
CAMP JOSEPH T. ROBINSON
NORTH LITTLE ROCK, AR 72199-9600

OFFICE SYMBOL/UNIT UIC

3 October 2008

MEMORANDUM FOR: MILITARY FUNERAL HONORS PROGRAM

SUBJECT: Letter of Recommendation for (Rank Last Name, F. Name MI)

1. I would like to recommend the above Soldier for consideration for the Military Funeral Honors Program. I served as _____ Commander (insert what you know about the soldier, his/her capabilities, i.e. leadership abilities, and what type of soldier he/she is.) I feel that he is a great credit to the National Guard, and would be a credit to the Military Funeral Honors Program.
2. To my knowledge _____ has no pending or adverse action (military or civilian) against them within the last twelve months.
- 3 The Point of Contact for this memo is the undersigned. I can be reached insert number and email address.

NAME
RANK, AR-ARNG
POSITION

SAMPLE

SAMPLE

MILITARY FUNERAL HONORS STATEMENT

Handpicked to serve as a member of the AR ARNG Honor Guard my standards of conduct and level of professionalism must be above reproach, for I represent all others in my service.

Others earned the right for me to wear the ceremonial uniform one that is honored in a rich tradition and history. I will honor their memory by wearing it properly and proudly.

Never will I allow my performance to be dictated by the type of ceremony, severity of the temperature, or size of the crowd. I will remain superbly conditioned to perfect all movements throughout every drill and ceremony.

Obligated by oath I am constantly driven to excel by a deep devotion to duty and a strong sense of dedication.

Representing every member, past and present, of the United States Army and the Armed Forces, I vow to stand sharp, crisp and motionless, for I am an Arkansas Army National Guard Military Funeral Honor Guardsman.

Why do you want to be a part of the Arkansas Army National Guard Military Funeral Honors Program? (give a brief description)

Signature: _____

Date: _____

DEPARTMENT OF THE ARMY
Military Funeral Honors Program
Building 15202, CJTR
North Little Rock, AR 72199-9600

JSS-MFH

27 December 2011

MEMORANDUM FOR RECORD Military Funeral Honors Members

SUBJECT: Operation of GSA Vehicles

1. Each individual is responsible for filling the gas tank prior to returning to the site of departure, ensuring there is no trash in the vehicle, the condition of, mileage and usage of the GSA vehicle. Any damage caused by the operator can and will be charged back to the operator. (Such as spills, tares, or anything caused by tobacco products, etc.)

a. Use of GSA and fuel card is for MFH related tasks and at NO TIME are you to use the GSA or fuel card for personal business.

b. Before a GSA leaves on a mission, the Soldier must complete a GSA PMCS and if the Soldier(s) are traveling over 150 miles they must complete a risk assessment.

c. Do not speed, most GSA vehicles are equipped with GPS tracking and will send a message to HQs letting them know what vehicles are operating over speed limits.

2. Fuel Purchases. **BE AWARE THAT THE GOVERNMENT KNOWS HOW MANY GALLONS OF GAS THE VEHICLE HOLDS.** The fuel card is for use in the assigned GSA ONLY and at NO TIME will you use it to fuel POVs or other GSAs.

a. Insure that the commercial fuel vendor accepts your fuel card prior to purchasing fuel. Pay at the pump if possible.

b. You are required to provide a driver ID and odometer mileage at the time of purchase. The vehicle license plate 4 digit-number is the driver ID number and make sure you use the actual odometer mileage and NOT the trip mileage.

c. You are required to purchase only 87 octane fuels.

d. You CANNOT be reimbursed for any "out of pocket" cash purchase of fuel. Only purchase with the GSA fleet card.

e. The only other purchases that can be made on the GSA card are:

(1) Oil

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SUBJECT: Operation of GSA Vehicles

(2) Windshield Washer Fluid

(3) Windshield wiper blades

f. Remind the store clerk at the register to use the automotive or the miscellaneous button, not grocery, for the items listed above. If the miscellaneous button was used, write the product name, date, price and your initials on the receipt.

g. Receipts must be turned into the area coordinator. If you return late, place the receipt in the card holder pouch and turn the keys into the post Police Department.

3. GOV Maintenance. Call the number on the back of the card if there are any questions concerning maintenance above individual level.

a. Do not have your vehicle serviced (oil change) without the MFH coordinator or Federal Technician's knowledge and/or authorization from GSA.

b. Roadside assistance. If your car breaks down on the road, call the number on the back of the GSA card or roadside assistance number in your vehicle's owners manual.

c. Tire repair. If you have a flat, replace the flat tire with the vehicle's spare. If you have the flat repaired at a local service station:

(1) Call the 1-(800) number on the back of the card.

(2) Ensure that the service station accepts the GSA card.

d. Do not operate an unsafe vehicle. Call the MFH Coordinator or Area Coordinator if you feel the vehicle has excessive tire wear or some other dangerous condition that will make the operation of the vehicle unsafe for driving.

4. Accident/incident Procedures, should be a step by step process located in the glove compartment also a copy is provided as an enclosure. Report to the Supply Sergeant or Area Coordinator as soon as accident occurs, have the following information:

a. Date and description of occurrence.

b. GSA Tag number and mileage.

c. GSA Vehicle condition and status.

d. Operator of GSA vehicle.

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SUBJECT: Operation of GSA Vehicles

- e. Third party name, address, telephone number, and insurance company.
 - f. Soldier must complete SF 91 accident report with sworn statements by witnesses; a copy should be located in the glove box. If the operator is unable to complete the report, it is his/her supervisor's responsibility to complete all necessary paper work. It is the Soldiers supervisor's responsibility to ensure the paperwork is correctly completed and in a timely manner.
 - g. Procure a copy of the police report.
 - h. Reminder: All passengers/witnesses will need to do a sworn statement.
 - i. Exchange of insurances. GSA is self-insured therefore; do NOT use your personal information to include your personal phone number. You will use the office number and official address for the Area Coordinator.
 - j. FLIPL will be initiated by the Area Coordinator or the assistant in the absence of the Area Coordinator. Forward all paperwork to the MFH technician to ensure it is completed. He/she will forward to CSMS. PLEASE NOTE that if the Soldier is found to be at fault and negligent through the FLIPL process, they can be held liable for the payment of damages sustained to government properties.
 - k. If damages are incurred by other vehicles and it is the fault of the GSA driver; the driver of that vehicle will need to file a claim through the Camp Robinson JAG office which can be reached at extension 501-212-5031.
5. The regulation governing the operation of a GSA is NGR 601-1 (9-25).
6. If the GSA or assigned impact card is used for anything other than the intended purpose you can be charged with Misuse of Government Funds IAW AR 27-10.
7. The POC for this memo is the undersigned.

Encl

VENETTA L. BLOOM
AR ARNG MFH
State Coordinator

Signature: _____ Date: _____
Printed Name: _____

AC/AAC Signature: _____ Area: _____
Printed Name AC/AAC _____ Date: _____

INSTRUCTIONS TO OPERATORS:

1. Render such assistance as you are able.
2. Call the police (911).
3. Call an ambulance, if necessary, (911).
 - a. Travel to nearest emergency room if you require medical immediate medical attention.
 - b. Inform hospital to contact your supervisor.
4. Call the fire department, if necessary, (911).
5. If you are able, before you leave the scene of the accident, fill out the Standard Form 91 (Motor Vehicle Accident Report.) There should be one in every glove compartment of every vehicle.
6. Do not leave the scene of an accident until released by the police.
7. Do not discuss payment of damages to the other driver/parties. Refer them to JAG (501) 212-5031.
8. If asked, inform the police that the Government is self-insured by law under Federal Tort Claim Act.
9. If you are able, review the GSA, State, or Military instructions in the glove compartment of the vehicle.
10. As soon as practical, call your supervisor or Commander.
11. Follow GSA/State instructions to call for a wrecker (instructions found in glove compartment.) If you are in a military vehicle, call your unit or the nearest National Guard Armory for a wrecker.

INSTRUCTIONS TO SUPERVISOR:

12. As soon as practical, call the Safety Office (591) 212-5092.
13. As soon as practical, call the Surface Maintenance Office (SMO).
 - a. SMO at (501)212-5764 or 5751 During Duty Hours (0700 - 1530 weekdays).
 - b. After duty hours, Accident Control Center (ACC), Fleet Mgmt. Center, 1-800-325-2958.
14. If the employee is injured, for:
 - a. State employees call the State Personnel Office. (501) 212-5111.
 - b. Technicians and AGR call the Human Resources Office. (501) 212-4200.
 - c. M-Day, call Troop Medical Clinic or Deputy Chief of Staff, (Medical.) (501) 212-5261.
15. As soon as practical, call the JAG Office. (501) 212-5031.
16. Refer lawyers, insurance companies, & parties regarding damages to the JAG Office. (501) 212-5030.
17. Insure that all JAG, Safety, and SMO reports are completed.
18. Insure that all federal vehicles driven by State Employees are covered by State's insurance. (501) 212-5112.
19. Insure that all forms and instructions are in glove compartment of each vehicle.
20. Do not give out your private insurance information. If asked inform police and the other party that you are an agent of the government acting in your official capacity, and therefore; you are covered under the Government's is self-insured by law under the Federal Tort Claims Act.

DOCUMENTS REQUIRED AND WHERE TO SEND THEM WHEN COMPLETED:

1. DA Form 285 (Technical Report of U.S. Army Ground Accident) – ORIGINAL to State Safety Office, COPY to JAG.
2. SF 91 (Operator's Report of Motor Vehicle Accident) – ORIGINAL to JAG.
3. Scope of Employment Statement – ORIGINAL to JAG.
4. Proof of soldier's military duty status at the time of the accident – to JAG.
5. Police Report – to JAG.
6. Witness statements, if any – to JAG.
7. Pictures, if taken – to JAG.