

AD-2022
(04-29-04)

U.S. DEPARTMENT OF AGRICULTURE
Farm and Foreign Agriculture Service

STUDENT VOLUNTEER PROGRAM SERVICE AGREEMENT

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 5 U.S.C. 3111. The information will be used to establish programs designed to provide educationally related work assignments for students in non-pay status. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in your application not being processed to participate in this program. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0232. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO THE APPROPRIATE AGENCY.**

Student Volunteer is an individual who is enrolled not less than half-time in high school, trade school, technical or vocational institute, junior college, college, university or other accredited educational institution who, with the permission of the institution at which enrolled, voluntarily performs services as part of an agency program established for providing educational experience.

1. Name of Student		2. Social Security No.	
3. Telephone Number (Including Area Code)		4. Date of Birth (MM-DD-YYYY)	
5. Home Address (Including Zip Code)			
6. Name of Educational Institution			
6A. Authorized Signature	6B. Title	6C. Date	
7. Student's Academic Status		8. Student's Major	
9. Enter a check for applicable Agency: FAS <input type="checkbox"/> FSA <input type="checkbox"/> RMA <input type="checkbox"/>			

This Agreement is for the purpose of setting conditions for the acceptance of students in a nonpay status for educationally-related work assignments in compliance with the provision of 5 USC 3111.

The following conditions apply to this Agreement:

- Participant must be a student who is enrolled not less than half-time at the institution.
- Volunteer service is with the permission of the institution in which the student is enrolled.
- Service under this Agreement will not be compensated by the Agency.
- Volunteer service should be in accordance with appropriate Federal, State, and local regulations, regarding employment of minors.
- Students will not be used to displace any employee.
- Students are not considered to be Federal employees for any purpose other than the following:
 - a. Compensation for injuries sustained during the performance of work assignments, in accordance with the provisions of 5 USC Chapter 81.
 - b. Federal Tort Claims provisions of 28 USC 2671 through 2680.
- The Agency agrees to provide attendance and performance records to the institution as reasonably required in order for the experience to be properly credited.
- The Institution agrees to refer the students without regard to race, creed, color, age, sex, physical handicap, or other non-merit factors.
- The Agency agrees to endeavor to make the assignment beneficial to the academic aims of the student and the institution.

10. I UNDERSTAND AND AGREE TO THE CONDITIONS OF MY SERVICE DESCRIBED ABOVE:

A. Student Signature	B. Date (MM-DD-YYYY)
C. If under 18 years of age, Parent/guardian signature	D. Date (MM-DD-YYYY)

11. TO BE COMPLETED BY RESPONSIBLE AGENCY OFFICIAL:

A. Location (Address)	
B. Brief description of duties	
C. Effective Date (MM-DD-YYYY)	D. Fiscal Year
12A. Selecting Official signature	12B. Date (MM-DD-YYYY)

13. TERMINATION OF AGREEMENT

13A. AGREEMENT TERMINATED ON (Month, Day, Year)	13B. SIGNATURE OF RESPONSIBLE OFFICIAL	13B. SIGNATURE OF VOLUNTEER/STUDENT
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