

AGREEMENT FOR INDIVIDUAL VOLUNTARY SERVICES

(PUBLIC LAW 92-300, AS AMENDED)

1. _____ 2. _____
Name (print Last, First, M.I.) Social Security Number

3. _____ 4. _____
Address (street, city, state, zip code) Telephone Number

5. Volunteer is: Local Non-local 6. Program Affiliation _____

7. Supervisor Name _____ Telephone # _____
Address _____

OPTIONAL

8. Gender: Male Female 9. Age: Under 18 18-54 55+

10. Ethnicity: Hispanic or Latino Not Hispanic or Latino

11. Race (Select one or more):
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White

Position Description: _____

GS Equivalent of this position: _____ Duty Station: _____

Place volunteer on travel authorization: Yes No AD-202 # _____

Give IMB access to process travel documents: Yes No

The Forest Service agrees while this arrangement is in effect to:

1. Reimburse you for necessary incidental expenses, to the extent funds are available, and in accordance with Forest Service Travel Regulations, as follows:

- a. Subsistence Yes No (amount) _____ Remarks: _____
- b. Transportation Allowance Yes No (rate) _____ Remarks: _____
- c. Provide Lodging Yes No (rate) _____ Remarks: _____

2. Consider you as a Federal employee for the purpose of tort claims and compensation for work injuries.

3. Authorize you to operate Federal motor vehicles when necessary, provided you have a valid motor vehicle license/government operators I.D.
4. All of the above-described work will be noncompensable. Except as otherwise provided, I understand this service will not confer on me the status of a Federal employee.
5. I understand that either the Forest Service or I may cancel this agreement at any time by notifying the other party. I hereby volunteer my services as described above to assist the Forest Service in its authorized work.

6. _____ 7. _____ 8. _____
 Signature of Volunteer DOB if under 18 Date

9. _____ 10. _____
 Signature of Parent or Guardian, if under 18 years of age Date

11. _____ 12. _____
 Acceptance Signature, Forest Service Officer Date

Emergency Notification Information

Name: _____ Relationship: _____

Address: _____ Telephone No: _____

Alternate: _____ Relationship: _____

Address: _____ Telephone No: _____

Physician: _____

Address: _____ Telephone No: _____

Termination of Agreement

1. _____ 2. _____
 Date Agreement Terminated Signature of Forest Service Officer
 (month/day/year)

Privacy Act Statement

Collection and use is covered by Privacy Act System of Records USDA/OP-1 and is consistent with the provisions of 5 USC 552a (Privacy Act of 1974), which authorizes acceptance of the information requested on this form. The data will be used to maintain official records of volunteers of the USDA Forest Service, Pacific Northwest Region, for the purposes of tort claims and injury compensation. Furnishing this data is voluntary, however if this form is incomplete, enrollment in the program cannot proceed.

Burden Statement

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