

**AD-2023**  
(04-28-04)

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

**INDIVIDUAL 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 7 U.S.C. 2272 (Sec. 1526) Food and Agriculture Action of 1981. The information will be used to inform volunteers of the nature of appointment with respect to service credit for leave or other employee benefits. 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.**

Volunteer is an individual, group, or organization who sponsors individual's services without compensation, and who performs those services in furtherance of the programs of the Agency.

1. Name of Volunteer		2. Social Security No.	
3. Home Address (Including Zip Code):			
4. Telephone Number (Including Area Code):		5. Date of Birth (MM-DD-YYYY)	
6. Enter a check for applicable Agency:      FAS <input type="checkbox"/> FSA <input type="checkbox"/> RMA <input type="checkbox"/>			

I understand that my services are on a volunteer basis without compensation or reimbursement for any incidental expenses. I am permitted access to the worksite only during my approved duty hours. I am not considered a Federal employee except for the purposes of the Federal Employees Workers' Compensation Act and the Federal Tort Claims Act and will not be eligible for health insurance, life insurance, retirement or any other benefits. My service may not be credited for the civil service retirement purposes if I am later employed by the government, though the work may count as experience for qualifications purposes.

I understand that permission must be given by my supervisor before I operate any government equipment or motor vehicle or handle any property, that it may be used for approved, official purposes only, and that I may be held responsible for any unreasonable damage. I am not authorized to represent the agency in any matter or proceeding nor expend government funds. Any inventions made during the assignment must be submitted to your agency for a determination of rights. Prior approval must be obtained prior to publishing the results of any work, study or research.

Further, I understand that I serve under the supervision of a Federal official and that my services may be terminated at any time.

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

7A. Signature of Volunteer	7B. Date (MM-DD-YYYY)
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**8. TO BE COMPLETED BY RESPONSIBLE OFFICIAL:**

8A. Location (Address)		
8B. Brief description of duties:		
8C. Effective Date (MM-DD-YYYY)		8D. Fiscal Year
8E. Responsible official signature	8F. Title	8G. Date (MM-DD-YYYY)

**9. TERMINATION OF AGREEMENT**

9A. AGREEMENT TERMINATED ON (Month, Day, Year)	9B. SIGNATURE OF RESPONSIBLE OFFICIAL	9C. SIGNATURE OF VOLUNTEER/STUDENT
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