

AD-2025
(04-13-11)

U.S. DEPARTMENT OF AGRICULTURE
Farm and Foreign Agricultural Services

VOLUNTEER ATTENDANCE RECORD

(Attendance Records must be maintained by the requesting office)

NOTE: *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 5 USC 3111 and 7 USC 2272. The information will be used to record the attendance of student volunteers and volunteers. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for OPM/GOVT-1 - General Personnel Records. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for the student volunteer or volunteer to participate in this program.*

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.

The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO THE APPROPRIATE AGENCY.**

1. NAME OF VOLUNTEER (Please type or print last, first and middle name):	2. Month	3. Fiscal Year
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A. DATE (MM-DD-	B. ARRIVAL TIME	C. DEPARTURE TIME	D. NUMBER OF HOURS	E. LOCATION

4A. Volunteer Signature	F. Total Hours → 4B. Date Signed (MM-DD-YYYY)
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5. To be completed by responsible Agency official:

A. Responsible official signature	B. Date Signed (MM-DD-YYYY)
C. Name of requesting office	D. Check Applicable Agency: <input type="checkbox"/> FSA <input type="checkbox"/> FAS <input type="checkbox"/> RMA

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