Form Approved - OMB No. 0560-0232

OMB Expiration Date: 04/30/2021

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AD-2025 (proposal 1) | | | | **U.S. DEPARTMENT OF AGRICULTURE** 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 | | |
|  | | | | | | | | | | | |  | |  | | |
| A.  DATE  *(MM-DD-YYYY)* | | | | B.  ARRIVAL  TIME | | | C.  DEPARTURE  TIME | | D.  NUMBER OF HOURS | | | E.  LOCATION | | | | |
|  | | | |  | | |  | |  | | |  | | | | |
|  | | | |  | | |  | |  | | |  | | | | |
|  | | | |  | | |  | |  | | |  | | | | |
|  | | | |  | | |  | |  | | |  | | | | |
|  | | | |  | | |  | |  | | |  | | | | |
|  | | | |  | | |  | |  | | |  | | | | |
|  | | | |  | | |  | |  | | |  | | | | |
|  | | | |  | | |  | |  | | |  | | | | |
|  | | | |  | | |  | |  | | |  | | | | |
|  | | | |  | | |  | |  | | |  | | | | |
|  | | | |  | | |  | |  | | |  | | | | |
|  | | | |  | | |  | |  | | |  | | | | |
|  | | | |  | | |  | |  | | |  | | | | |
|  | | | |  | | |  | |  | | |  | | | | |
|  | | | |  | | |  | |  | | |  | | | | |
|  | | | |  | | |  | |  | | |  | | | | |
|  | | | |  | | |  | |  | | |  | | | | |
|  | | | |  | | |  | |  | | |  | | | | |
|  | | | |  | | |  | |  | | |  | | | | |
|  | | | |  | | |  | |  | | |  | | | | |
| F. Total Hours🡺 | | | | | | | | |  | | |  | | | | |
| 4A. Volunteer Signature | | | | | | | | | | | | 4B. Date Signed *(MM-DD-YYYY)* | | | | |

|  |  |
| --- | --- |
| **AD-2025** (proposal 1) Page 2 of 2 | |
| 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:  FSA  FAS  RMA |

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.*

*Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at* [*http://www.ascr.usda.gov/complaint\_filing\_cust.html*](http://www.ascr.usda.gov/complaint_filing_cust.html) *and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email:* [*program.intake@usda.gov*](mailto:program.intake@usda.gov)*. USDA is an equal opportunity provider, employer, and lender.*