

Appendix F:

**Volunteer Service Agreement**

This agreement covers the acceptance of voluntary service under Civil Service Regulation 308.103, 5 Code of Federal Regulations, (student volunteers) or Title 7, U.S. Code, Section 2272.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of birth \_\_\_\_\_

I understand that my services are on a voluntary basis without compensation or reimbursement for any incidental expenses. I am permitted access to the work site only during my approved duty hours. I am not considered a Federal employee except for the purposes of the Federal Employees Compensation Act and the Federal Tort Claims Act. I am not eligible for health insurance, life insurance, retirement, or any other benefits. If I am later employed by the Federal Government, my volunteer service will **not** be credited for civil service retirement purposes, although the experience I gain may be credited to meet qualification requirements for employment.

I understand that I must receive my supervisor's permission before operating any Government equipment or motor vehicle, that the operation of such equipment will be for official purposes only, and that I may be held responsible for any damage. I am not authorized to represent the Agency on any matter or proceeding, nor expend any Government funds. Rights to any inventions developed or discoveries made during the assignment will be determined by the Agency. Prior approval must be obtained before publishing the results of any work, study, or research.

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

**I understand and agree to the conditions of my service described above:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18 years of age, signature of parent/guardian \_\_\_\_\_  
Date \_\_\_\_\_

Appendix F (continued):

**To be completed by responsible official:**

Location \_\_\_\_\_

Duties \_\_\_\_\_

Effective date \_\_\_\_\_ Hours/week \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Local reproduction – permanent retention.