



**United States Department of Agriculture**

**Marketing and Regulatory Programs**

**Student Volunteer Agreement**

**Privacy Act Statement** Collection and use is covered by Privacy Act System of Records OPM/GOVT-1 and 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 Marketing and Regulatory Programs (MRP) 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.

This agreement provides for the acceptance of volunteer service under Civil Service Regulation 308.103.5, Code of Federal Regulations, and Title 5, U.S. code, Section 3111. It also serves as a record of such service.

**Personal Data**

**Name** \_\_\_\_\_  
(Print Name First, Last)

**Address:** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Education Institute**

**Name /Location** \_\_\_\_\_

**Academic Discipline:** \_\_\_\_\_

**Academic Level:** \_\_\_\_\_

**Citizenship or Immigration Status**

You must select one box to attest to your citizenship or immigration status.

**U.S. citizen**

**noncitizen national of the United States**

An individual born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**a lawful permanent resident**

An individual who is not a U.S. citizen who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant.

**an alien authorized to work**

An individual who is not a citizen or national of the United States, or a lawful permanent resident, but is authorized to work in the United States.

Enter the date that your employment authorization expires \_\_\_\_\_.

**Aliens authorized to work must enter one of the following to complete this section:**

1. Alien Registration Number (A-Number)/USCIS Number \_\_\_\_\_.

2. Form I-94 Admission Number \_\_\_\_\_.

3. Foreign Passport Number and the Country of Issuance \_\_\_\_\_.

**Assignment Data  
To Be Completed by Federal Employee Supervisory Program Official**

**Program:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Supervisory Program Official:** \_\_\_\_\_  
(Print Name: First, Last)

**Supervisory Program Official Title:** \_\_\_\_\_

**Duration of Volunteer Assignment:** \_\_\_\_\_ (Beginning Date) \_\_\_\_\_ (End Date)

\_\_\_\_\_  
(Hours per Week)

**Assignment Data**  
**To Be Completed by Federal Employee Supervisory Program Official**  
**continued**

**Description of service:** Please define the role and services requested of the volunteer. Provide details describing duties, tasks and responsibilities include information regarding location of project/duties, licensure, and/or certification if required, level of physical activity required, training if required, tools, equipment, and PPE needed and provided, supplies, materials, and/or equipment that will be provided by the volunteer, etc. Attach additional sheets as necessary. Please ensure that all attachments contain the name of the volunteer. Classified position descriptions will not be accepted.

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**Check all that apply, verify, and initial, as required before submitting the agreement to the Volunteer Program Coordinator:**

- Uniform Authorized **Initials of supervisor** \_\_\_\_\_
- Valid Driver’s License Verified (if required); **Initials of supervisor** \_\_\_\_\_
- Valid Licensure/Certification Verified (if required); **Initials of supervisor** \_\_\_\_\_
- Employment certificates or work permits as required by state or local authorities for volunteers under the age of 18 Verified (if applicable); **Initials of supervisor** \_\_\_\_\_

I certify the volunteer service is in accordance with appropriate Federal, State, and local regulations, regarding employment of minors. The student volunteer will be supervised and provided materials, equipment, and access to facilities that are available and needed to perform the volunteer service described above. A record of attendance and a written evaluation of the student’s performance will be prepared for the student and the educational institution at the end of this assignment.

**Assignment Data**  
**To Be Completed by Federal Employee Supervisory Program Official**  
**continued**

I certify that the volunteer services to be performed by the student, as outlined in this Volunteer Service Agreement, will not displace any employee.

\_\_\_\_\_  
Signature of Supervisory Program Official

\_\_\_\_\_  
Date

**Student Agreement**

I understand that:

- I will not receive pay for services rendered.
- I am permitted access to the work site only during my approved duty hours.
- I am not considered a Federal employee for any purpose other than for purposes of the Federal Tort Claims provisions published in 28 U.S.C. 2671 through 2680, and U.S.C. Chapter 81, relative to compensation for injuries sustained during the performance of work assignments.
- I am not eligible for health insurance, life insurance, retirement, or any other benefits.
- If the Federal Government later employs me, my volunteer service will not be credited for civil service retirement purposes. However, the experience I gain may be credited to meet qualification requirements for employment.
- My volunteer assignment may require a reference check, background investigation, and/or criminal history inquiry in order to perform my assignment.
- I am to conduct myself with honesty and integrity in the performance of my assignment and follow the rules of conduct of MRP, the Department of Agriculture, and the Federal Government.
- I am to safeguard Government business, which is not for public information.
- 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 the agency for a determination of rights. Prior approval must be obtained prior to publishing the results of any work, study, or research.
- My supervisor must give permission before I operate any government equipment 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.

**Student Agreement  
continued**

- I serve under the supervision of a Federal official and I, or the Department of Agriculture, Marketing and Regulatory Programs may terminate my services and this agreement at any time.
- A record of my attendance and an evaluation of my performance will be provided to my educational institution and me when my work assignment is completed as applicable.

I agree to the conditions of my service as described above, to assist in authorized activities and to follow all applicable safety guidelines.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**Educational Institute Agreement**

**Name of Representative:**

\_\_\_\_\_  
(Print First, Last)

**Title:**

**Phone:**

**Email Address:**

I certify that \_\_\_\_\_ is a student enrolled not less than halftime and is in good standing. The duties to be performed and scheduled hours of work are approved as appropriate for the course of study or training that he/she is pursuing. I understand the services rendered by the student are to be uncompensated. The student will/will not be given credit for the volunteer assignment.

I understand that a record of the student's attendance and an evaluation of his/her performance will be provided to this institution when the volunteer assignment is completed.

\_\_\_\_\_  
Signature of Education Institute Representative

\_\_\_\_\_  
Date

**Parent or Legal Guardian Consent  
Complete for Volunteer under Age 18**

**Parent or Legal Guardian:** \_\_\_\_\_  
(Print Name First, Last)

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

I affirm that I am the parent/guardian of the above named volunteer. I understand the services rendered by the volunteer are to be uncompensated except for purposes of tort claims and injury compensation. I understand that the volunteer is not considered a Federal employee and that the volunteer service is not creditable for any Federal employee benefit. I have read the description of the service that the volunteer will perform. I give my permission for \_\_\_\_\_ to participate in the specified volunteer activity.  
(Print Name of Volunteer)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Emergency Contact Information**

**Name:** \_\_\_\_\_  
(Print First, Last)

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Volunteer Service Program Coordinator**

**Name:** \_\_\_\_\_  
(Print First, Last)

**Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

I agree to accept the volunteer service described in the **Section Titled "Assignment Data"** in compliance with Departmental Regulation 4230-1 Volunteer Programs.

\_\_\_\_\_  
**Signature of**  
**MRP Volunteer Service Program Coordinator**

\_\_\_\_\_  
**Date**

**Distribution:** 1 copy to volunteer, 1 copy to program contact, 1 copy to education institute

**Return to:** mrp.volunteer.program@usda.gov

**Non-Discrimination Statement**

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.

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