



**United States Department of Agriculture**

**Marketing and Regulatory Programs**

**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 covers 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:**

\_\_\_\_\_

**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.

**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.

**Personal Data  
continued**

**O 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 Supervisory Program Official**

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

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

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

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

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

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

**Description of service:** 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.

---

---

---

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

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

- Uniform (if required); **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** \_\_\_\_\_

**Incidental Expenses**

Volunteers do not receive a salary from USDA; however, each volunteer serving under the authority of 7 USC 2272 may have incidental expenses paid such as transportation, lodging, and subsistence. The supervisory program official's signature on the agreement signifies endorsement of the volunteer assignment and confirms consent to payment of expenses that the volunteer assignment might require. Incidental expense claims associated with the volunteer assignment will be assessed through customary financial management procedure.

**Incidental Expenses Approved:**  Yes  No

Type of Reimbursement if any: \_\_\_\_\_

\_\_\_\_\_  
I certify the volunteer service is in accordance with appropriate Federal, State, and local regulations, regarding employment of minors. The volunteer will be supervised and provided materials, equipment, and access to facilities that are available and needed to perform the volunteer service described above.

I certify that the volunteer services to be performed as defined in the Description of Service to include attachments, if any, will not displace any employee.

\_\_\_\_\_  
**Signature of Federal Supervisory Program Official**

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

## Volunteer 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.
- 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.

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 Volunteer

\_\_\_\_\_  
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 Name: 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 and all other applicable laws, rules and regulations.

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

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

**Distribution:** 1 copy to volunteer, 1 copy to program contact, 1 copy to education institute  
**Original to:** MRP Volunteer Service Program Coordinator  
USDA, APHIS, HRD, HR Policy  
4700 River Road, Unit 21  
Riverdale, Maryland 20737

**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.

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 [How to File a Program Discrimination Complaint](#) 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.