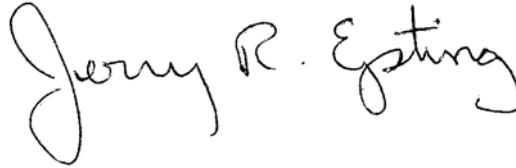


For: FFAS Employees

FFAS Volunteer Program Guidance

Approved by: Acting Deputy Administrative, Management



1 Overview

A Background

Food and Agricultural Act of 1981, Section 1526 and 7 U.S.C. 2272 permit establishing programs to use volunteers to carry out programs of, or supported by, the Department. 5 U.S.C. 3111 and 5 CFR Part 308 grant agencies the authority to establish programs designed to provide educationally related work assignments for students in nonpay status.

B Purpose

This notice provides FFAS volunteer program guidance.

C Contact

If there are questions about this notice, contact the following.

IF located in...	THEN contact...
FSA Service Center	FSA State Office, Administrative Officer.
<ul style="list-style-type: none"> • APFO • FSA State Office • Kansas City Office 	Sandra Gibbs, KCHRO Volunteer Coordinator at 816-823-2002.
<ul style="list-style-type: none"> • FAS • FSA Washington, DC, Office • RMA 	C. Mondina McClain, HRD National Volunteer Program Manager at 202-401-0515.

Disposal Date	Distribution
March 1, 2010	All FAS, FSA, and RMA employees; State Offices relay to County Offices

2 Definitions and Requirements

A Definitions and Requirements Used in FFAS Volunteer Programs

Adjudicator means an individual responsible for reviewing fingerprint check results, adjudicating National Agency Check Inquiry (NACI) based on fingerprint check results, attempting to resolve fingerprint check issues, and determining if the applicant is eligible to receive a Personal Identity Verification, Phase I (PIV I) ID badge.

The adjudicator for:

- State/Field Office applicants is the human resource representative
- Washington, DC/Kansas City applicants is human resource specialist/assistant.

Registrar means an individual who:

- schedules and coordinates background investigation (BI) activities
- verifies that AD-1197, Section A, items 14 through 23 identity source documents are documents found in Form I-9
- ensures that the information in AD-1197, Section A is true and accurate
- completes AD-1197, Section C, items 33 through 38.

The registrar for:

- State/Field Office applicants is the PT/administrative assistant/designee
- Washington, DC/Kansas City applicants is the EPD designee.

Selecting official means an individual who requests and substantiates the need for a volunteer.

Sponsor means an individual who schedules and coordinates BI activities, provides sponsorship to the applicant, and ensures that **all** required forms are completed. The sponsor for:

- State/Field Office applicants is the administrative officer
- Washington, DC/Kansas City applicants is the program manager for the volunteer program.

Student volunteer means an individual who is enrolled **not** less than half-time in high school, trade school, technical or vocational institute, junior college, college, university, or other accredited educational institution who, with the permission of the institution at which enrolled, voluntarily performs services as part of an agency program established for providing educational experience.

2 Definitions and Requirements (Continued)

A Definitions and Requirements Used in FFAS Volunteer Programs (Continued)

Volunteer means an individual, group, or organization who sponsors an individual's services **without** compensation, and who performs those services in furtherance of the programs of the agency.

B Identity Proofing and Registration Approved Forms

FFAS is required to use OMB-approved forms for the process of identity proofing and registration. Most of these forms are standard Federal government-wide forms. USDA has created the AD-1197 as part of the identity proofing and registration process to fulfill the information gathering requirements.

The following is a list of approved forms for use in the identity proofing and registration process:

- AD-1197
- Fair Credit Reporting Release (Exhibit 1)
- SF-85
- SF-85P
- SF-86
- SF-87 or FD-258.

C Authorization

Agencies are authorized to recruit, train, and accept, without regard to Civil Service classification laws, rules, or regulations, individuals to serve **without** compensation. Volunteers may be used at the Federal, State, and county operation levels. Individuals considered as selecting officials may authorize or accept volunteer services. Volunteers may assist in any agency program, but shall **not** represent the agency in **any** matter or proceeding, or obligate **any** Government funds. Volunteers may use Government equipment at the supervisor's discretion.

D Requirements

Service under FFAS volunteer programs must be **without** compensation from the agency, may **not** be used to displace any agency employee, and may **not** be used to perform any work that is inherently a Government function as defined by OMB Circular A-76. Student volunteer service, in particular, may **not** be used to staff a position that is a normal part of the workforce.

Individuals providing voluntary service under FFAS volunteer programs are **not** Federal employees, **except** for the purposes of 5 U.S.C. 81 (relating to Worker's Compensation Program), and 28 U.S.C. 2671 through 2680 (relating to tort claims).

2 **Definitions and Requirements (Continued)**

D Requirements (Continued)

Volunteers **must** be 16 years of age or older. All Federal, State, and local laws and standards about employment of minors shall be adhered to when using volunteer service. **Not** being in compliance with Department of Labor regulations may lead to a finding that an employer is indulging in oppressive child labor. Some pertinent parts of these regulations are found in 29 CFR Part 570, specifically the following:

“(7) subpart E provides special conditions for apprentices plus other exceptions along with a detailed explanation of prohibitions about occupations and situations that are particularly hazardous for 16-18 year olds, such as the operation of motor vehicles, being an outside helper, logging and mill operations, the operation of power-driven woodworking machines, exposure to radiation or radioactive substances, other power-driven machinery, excavation and agriculture [i.e., farm bin inspection].

(8) 570.123 discusses the agricultural exception as it relates to the term “outside of school hours.” It makes the application of this term dependent on the school’s hours and not on a student’s schedule.”

Note: Agencies are expected to maintain and become familiar with 29 CFR Part 570 regulations as they apply to workers who are under 18 years of age.

Volunteers are subject to acceptability for contract employment under the Volunteer Program, and the ethical requirements of 5 CFR 735.203 and 5 CFR 2635.101(a) and (b).

All managers/supervisors should provide the volunteers with both of the following that are available from the USDA Office of Ethics or the following web sites:

- “Principles of Ethical Conduct” available at www.usda-ethics.net/rules/rule2.htm
- “Employee Responsibilities and Conduct” available at www.ocio.usda.gov/directives/doc/DR4070-735-001.htm.

Incidental expenses, such as transportation and meals, may be paid by the agency when these expenses are related to the performance of work for the agency.

3 Information About Voluntary Service

A Student Volunteers

Students submitting a resume and official transcript may be enrolled in the volunteer program for purposes of providing educational experiences for the student, with the permission of the institution where the student is enrolled. Students may begin after the following occur:

- favorable BI results are received
- AD-2022 (Exhibit 2) correctly completed
- the school and the agency have entered into a written agreement that outlines the condition or limitations of the student's volunteer assignment.

AD-2022 contains the following information:

- name of student
- student's academic status and major
- period of assignment
- brief description of the assignment.

Participants shall be enrolled **not** less than half-time at an educational institution.

The agency may provide attendance and performance records to the institution for the experience to be properly credited.

Assignments should be made according to the academic aims of the student and the institution whenever possible.

B Nonemployee Volunteers

Individual volunteers **must** complete AD-2023 (Exhibit 3). Volunteers sponsored by a group or organization **must** complete AD-2024 (Exhibit 4).

C Federal, State, or Local Employee Volunteers

FFAS or other Federal, State, or local employees may serve as volunteers. However, their activities **must** always be clearly voluntary and beyond what they are hired, elected, or appointed to do. Service as an FFAS volunteer:

- must be **without** compensation
- may **not** be used to displace an employee of the agency.

3 Information About Voluntary Service (Continued)

D Volunteer Recognition

Officials authorized to accept volunteers may recognize the contributions made by volunteers. Cash awards may **not** be given, but certificates of accomplishment or similar forms of nonmonetary recognition are appropriate.

E Separations

Appointments in the volunteer program may be terminated at any time by the agency, volunteer, or the sponsoring group or organization.

F Nondiscrimination Statement

“The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual’s income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA’s TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English), (800) 877-8339 (TDD), (866) 377-8642 (English Federal-relay), or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.”

4 Non-Federal Employee/Volunteer BI’s and Fingerprinting Requirements

A Overview

All USDA non-Federal employee/volunteer that have **not** had a background investigation **must** be fingerprinted.

B Required Identity Source Documents

All non-Federal employees shall bring 2 forms of identity source documents in original form. These documents must be presented to the USDA registrar and a photocopy will be made. At least 1 document shall be a valid State or Federal picture identification. Applicants who possess a current State driver’s license shall present that document as 1 identity source document before proceeding. See Form I-9 for approved forms of identity from lists A and B, and required documents from list C.

To access Form I-9, go to www.uscis.gov/portal/site/uscis, CLICK “Forms”, CLICK “All Forms”, scroll down to “I-9” and CLICK “Employment Eligibility Verification”.

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4 Non-Federal Employee/Volunteer BI's and Fingerprinting Requirements (Continued)

C Proof of Prior Background Investigations and Fingerprinting

All USDA non-Federal employee/volunteers who have a current security clearance of secret or higher, or have documentation of an adjudicated National Agency Check Inquiry (NACI), which would include a FBI fingerprint check (that was completed within the past 5 years), must bring a copy to the USDA registrar as proof of fingerprinting and background investigation.

USDA non-Federal employee/volunteer's employer may certify, on company letterhead, that their employees have a current security clearance of secret or higher. The following information needs to be certified.

Name	SSN	Citizenship	Date of Birth	Place of Birth	Clearance and Date Granted	Investigation Type
Jane Doe	123-45-6789	USA	1/11/1997	Ethiopia	Secret 12/08/2005	NACLC 10/31/2008
John Doe	987-65-4321	USA	3/28/1968	Ireland	Secret 01/13/2008	NACLC 10/31/2008

The employer **must** include the following statement:

“I hereby certify that (*insert company name*) holds a (*insert facility type*) facility clearance. I hereby certify that the employees listed above hold the clearance indicated”.

Signed certification shall be submitted to sponsor and/or to USDA registrar.

All USDA non-Federal employee/volunteers who have a break in service for more than 90 calendar days and had a security clearance check NACI or higher that is still in good standing, will need to be fingerprinted (FBI fingerprint check). EPD staff will verify this information.

5 Volunteer Risk Levels

A Defining Computer/ADP Risk Levels

The following table shall be used to determine if the volunteer needs to complete SF-85 or SF-85P based on the risk level of the work being performed.

Computer/ADP Risk Level	Risk Level Definitions
High Risk Public Trust Position Complete SF-85P.	Potential for exceptionally serious impact involving duties especially critical to the agency mission, with broad scope and authority, with major program responsibilities that affect a major computer/ADP system.
Moderate Risk Public Trust Position Complete SF-85P.	Potential for moderate to serious impact involving duties of considerable importance to the agency mission, with significant program responsibilities that affect large portions of a computer/ADP system.
Low Risk Complete SF-85.	Potential for impact involving duties of limited relation to the agency mission through using computer/ADP systems.

B Risk Level Assessment

High risk includes any position at the highest level of risk to a computer/ADP system. These positions may involve any of the following activities.

- Responsibility for the development, direction, implementation, and administration of agency computer security programs, including direction and control of risk analysis or threat assessment.
- Significant involvement in life-critical or mission-critical systems.
- Responsibility for preparing or approving data for input into a system that does not necessarily involve personal access to the system, but which creates a high risk for effecting grave damage or realizing significant personal gain.
- Assignments associated with or directly involving the accounting, disbursement, or authorization for disbursement from systems of amounts of \$10 million per year or greater, or lesser amounts if the activities of the individual are not subject to technical review by higher authority to ensure the integrity of the system.
- Major responsibility for the direction, planning, design, testing, maintenance, operation, monitoring, or management of systems hardware and software.
- Access to a system during operation or maintenance in such a way to permit high risk for causing grave damage or realizing a significant personal gain.
- Other positions as designated by the agency head that involve high risk for effecting grave damage or realizing significant personal gain.

5 Volunteer Risk Levels (Continued)

B Risk Level Assessment (Continued)

Moderate risk includes positions in which the incumbent is responsible for the direction, planning, design, operation, or maintenance of a computer system, and whose work is technically reviewed by a higher authority at high risk level to ensure the integrity of the system. These positions may involve responsibility for systems design, operation, testing, maintenance, or monitoring that is carried out under technical review of higher authority at high risk level, to ensure the integrity of the system. Moderate risk includes, but is **not** limited to the following activities.

- Access to or processing of proprietary data, Privacy Act of 1974 data, and Government developed privileged information involving the award of contracts.
- Accounting, disbursement, or authorization for disbursement from systems with amounts less than \$10 million per year.
- Other positions designated by the agency head that involve a degree of access to a system that creates a significant potential for damage or personal gain less than that in high risk positions.

Low risk includes all computer/ADP positions not falling into either the high or moderate risk levels.

6 Required Forms and ID to Prepare for Security Clearance

A Initiating the Security Clearance Process

Volunteers shall submit all forms completed and the required ID for fingerprinting. Administrative officers or program managers shall ensure that the volunteer correctly completes the forms.

Note: Volunteer's must **not** go for fingerprinting without required approval from the HRD administrative officer or program manager authorizing fingerprinting.

The volunteer shall bring 2 forms of identity source documents in **original form**. These documents **must** be presented to the HRD administrative officer or program manager and a photocopy shall be made. At least 1 document shall be a valid State or Federal picture ID. Applicants who possess a current State driver's license shall present that document as 1 identity source document **before** proceeding. See Form I-9 (available at www.uscis.gov/portal/site/uscis) for approved forms of identity from lists A and B and required documents from list C.

Administrative officer or program manager will forward fingerprint chart to HRD for processing and results. HRD shall submit FBI fingerprint results to the administrative officer or program manager using the Departmental special courier service.

6 Required Forms and ID to Prepare for Security Clearance (Continued)

B Initiating the Cyber Security Training

Volunteer should be provided security awareness training by HRD administrative officer, or their supervisor/manager, **before** receiving a computer user ID. Security awareness training provides individuals with “Security Expectations and Rules of Behavior” and “Security Incident Response Guide for Users”, but does **not** substitute for taking the full training course described in Notice IRM-388.

All managers/supervisors have a significant responsibility to confirm that volunteers have completed their computer security awareness training and forms are filled out completely and returned to the appropriate office. All new volunteer users needing computer access are **required** to submit FSA-13 and FSA-13-A **before** being given access to FSA computers and applications. Additionally, requests to modify, add, or delete accesses to FSA applications must be submitted using FSA-13-A.

All managers/supervisors are responsible for submitting FSA-13-A requesting removal of access privileges when a user no longer needs access because of transfer, job change, resignation, retirement, termination, or any other separation from the supervisor’s/manager’s organization or change in business need; this request should be submitted **before** the access is no longer needed.

C Initiating Request for USDA Site Badge

After receiving a favorable fingerprint check (Case Closing Transmittal) from OPM with no disqualifying information on the volunteer, HRD will contact the administrative officer or program manager so that a site badge can be initiated. The administrative officer or program manager and volunteer will complete AD-1197, Part A, items 1 through 29.

Administrative officer or program manager must call 1 of the following Kansas City or Washington, DC, EPD registrars, as appropriate, and request an appointment time for sponsor to escort volunteer to registrar for a site badge.

IF located in...	THEN contact...
Washington, DC	either of the following Washington, DC, EPD staff: <ul style="list-style-type: none"> • Renea Morton at 720-1607 • Carol Fleming at 720-9865.
Kansas City	either of the following Kansas City EPD staff: <ul style="list-style-type: none"> • Art Greene at 816-926-1714 • Carmen Pitts at 816-926-6112.

Note: Administrative officer or program manager **must** complete AD-1197, Part C, items 24 through 29 **before** EPD registrar will complete AD-1197, Part C, items 30 through 39.

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7 Lost, Stolen, Damaged, or Returned Site Badges

A Reporting Lost or Stolen Site Badges

Sponsors are responsible for ensuring that the Kansas City or Washington, DC, EPD security officer, as applicable, is notified of a lost or stolen badge within **24 hours** or the first workday following discovery of missing site badge.

B Documentation Required

Sponsor is responsible for documenting each incident of a damaged or lost site badge. Documentation should be included in volunteer's file. Replacement site badges shall be requested on AD-1197.

C Returning Site Badges

Sponsors are responsible for ensuring that site badges are returned to the Kansas City or Washington, DC, EPD security officer, as applicable.

8 Records Requirements

A Documentation

The case file ensures coverage under either the Worker's Compensation Program or Tort Claims Act and documents service for prospective employers. A case file shall be established for each volunteer. The case file is maintained at the appropriate administrative level as determined by the State and/or Program Coordinator. The case file ensures coverage under either the Worker's Compensation Program or Tort Claims Act. The case file also serves as documentation of service for prospective employers.

The following is documentation that is **required** in the case file:

- statement of services or duties to be performed
- AD-2022, AD-2023, and/or AD-2024, as applicable
- resume prepared by the volunteer (official transcript, if applicable)
- SF-85, SF-85P, or SF-86
- Fair Credit Reporting Release
- IAFIS response (fingerprints results).

SF-181 should be maintained in a separate file not attached to volunteer case file. SF-181 is **optional**.

Note: Do **not** file SF-181 in case file.

AD-2025's (Exhibit 5) must be maintained by the requesting office. AD-2025's should be accurately maintained so that they can be used to provide information when required.

B File Folders

State and County Offices shall establish file folders labeled, "PM 20 Volunteer Program" (subdivide by name) and file documents listed in subparagraph A.

All other offices shall establish file folders labeled, "PM 21 Volunteer Program" (subdivide by name) and file documents listed in subparagraph A.

All offices shall file SF-181 (when provided) and reports listed in paragraph 9 in folders labeled, "PM 1 Reports (Volunteer Program)".

C Disposition Instructions

All offices shall destroy the case files 15 years after termination of agreement. In the event the volunteer is injured, transfer the entire case file to appropriate program manager.

Offices shall destroy SF-181 when 3 years old.

Note: Consult agency records officer **before** destroying records to ensure that they are not subject to any pending litigation hold and/or record freezes.

9 Reporting Requirements (PE-176R)

A Mid-Year Reporting Requirements

A mid-year report (PE-176R) is **required** from program coordinators from each participating State Office, County Office, Kansas City Office, RMA Regional and Compliance Office, St. Louis Office, and FFAS Washington, DC, Office. The information required is to be accumulated from October 1 through March 31 of the current FY. AD-2052 (Exhibit 5) shall be used to submit mid-year report (PE-176R) to the National Office volunteer program manager by April 15 of the current FY. The report will include the following from each State Office, County Office, Kansas City Office, RMA Regional and Compliance Office, St. Louis Office, and FFAS Washington, DC, Office:

- name and phone number of person who prepared the report
- number of volunteers who provided at least 1 hour of service during the first half of the current FY (group members should be counted individually)
- total number of all volunteer hours donated (include group and individual hours).

B Annual Reporting Requirements

An annual report (PE-176R) is required from each participating State Office, County Office, Kansas City Office, RMA Regional and Compliance Office, St. Louis Office, and FFAS Washington, DC, Office. The information required is to be accumulated for the entire FY. AD-2052 (Exhibit 5) shall be used to submit annual report (PE-176R) to the National Office volunteer program manager by October 15 of the current FY. The report will include the following from each State Office, County Office, Kansas City Office, RMA Regional and Compliance Office, St. Louis Office, and FFAS Washington, DC, Office:

- name and phone number of person (program coordinator) who prepared the report
- number of volunteers who provided at least 1 hour of service during the current FY (group members should be counted individually)
- total number of all volunteer hours donated (include group and individual hours)
- number of offices within jurisdiction that used volunteer resources during FY
- total number of offices within jurisdiction; for example, area, field, Resource Conservation and Development, soil survey, etc.
- volunteer success stories and explanation of Statewide volunteer management techniques that are successful.

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9 Reporting Requirements (PE-176R) (Continued)

C Demographic Information Reporting

The demographic information report shall be submitted by April 15 and October 15 of the current year.

Note: The demographic information should be collected by each participating State Office, County Office, Kansas City Office, RMA Regional and Compliance Office, St. Louis Office, and FFAS Washington, DC, volunteer’s supervisor and submitted to the National Office volunteer program manager. Data should be collected from SF-181 that was submitted by the volunteer at the beginning of their service and visual inspection.

Status Code	Description
A	White, not of Hispanic origin. A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
B	Asian or Pacific Islander. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
C	American Indian or Alaska Native. Includes persons having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
D	Black, not of Hispanic origin. A person having origins in any of the black racial groups of Africa.
E	Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
F	Other.
G	Unknown.

D Where to Submit Reports

All reports shall be sent or FAXed to the following.

IF office is...	THEN submit to...
FSA Service Center	Attn: Administrative Officer.
<ul style="list-style-type: none"> • FSA State Office • Kansas City Offices 	Sandra Gibbs, KCHRO 6501 BEACON DR KANSAS CITY MO 64133-4675 FAX: 816-823-2002.
<ul style="list-style-type: none"> • FAS HRD • FSA Washington, DC, Office • KCHRO • RMA Compliance Office • RMA Regional Office 	C. Mondina McClain, FSA, HRD, DOB 1400 INDEPENDENCE AVENUE SW STOP 0596 WASHINGTON DC 20250-0596 FAX: 202-401-0515.

Fair Credit Reporting Act of 1970, as Amended

RELEASE

Fair Credit Reporting Act of 1970, as amended

PLEASE TAKE NOTICE THAT ONE OR MORE CONSUMER CREDIT REPORTS MAY BE OBTAINED FOR EMPLOYMENT PURPOSES PURSUANT TO THE FAIR CREDIT REPORTING ACT, AS AMENDED, 15 U.S.C. § 1681, *ET SEQ.* SHOULD A DECISION TO TAKE ANY ADVERSE ACTION AGAINST YOU BE MADE, BASED IN WHOLE OR IN PART ON THE CONSUMER CREDIT REPORT, THE CONSUMER REPORTING AGENCY THAT PROVIDED THE REPORT PLAYED NO ROLE IN THE AGENCY'S DECISION TO TAKE SUCH ADVERSE ACTION.

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with an investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service of the Federal Government, and/or (3) security clearance or access. The information obtained may be redisclosed to other Federal agencies for the above purposes and in fulfillment of official responsibilities to the extent that such disclosure is permitted by law.

I hereby authorize the U. S. Department of Agriculture to obtain such report(s) from any consumer/credit reporting agency for employment purposes.

(Print Name) _____ (SSN) _____

(Signature) _____ (Date) _____

Your Social Security Number is needed to keep records accurate, because other people may have the same name.
Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application

Fair Credit Reporting Act of 1970, as Amended (Continued)

for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identify theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your

Fair Credit Reporting Act of 1970, as Amended (Continued)

employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

Example of AD-2022, Student Volunteer Program Service Agreement

This form is available electronically.

Form Approved – OMB No. 0560-0232

AD-2022
(04-29-04)

U.S. DEPARTMENT OF AGRICULTURE
Farm and Foreign Agriculture Service

STUDENT VOLUNTEER PROGRAM SERVICE AGREEMENT

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 5 U.S.C. 3111. The information will be used to establish programs designed to provide educationally related work assignments for students in non-pay status. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in your application not being processed to participate in this program. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001, 15 USC 714m, and 31 USC 3729, may be applicable to the information provided.

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. RETURN THIS COMPLETED FORM TO THE APPROPRIATE AGENCY.

Student Volunteer is an individual who is enrolled not less than half-time in high school, trade school, technical or vocational institute, junior college, college, university or other accredited educational institution who, with the permission of the institution at which enrolled, voluntarily performs services as part of an agency program established for providing educational experience.

1. Name of Student		2. Social Security No.	
3. Telephone Number (Including Area Code)		4. Date of Birth (MM-DD-YYYY)	
5. Home Address (Including Zip Code)			
6. Name of Educational Institution			
6a. Authorized Signature	6b. Title	6c. Date	
7. Student's Academic Status		8. Student's Major	
9. Enter a check for applicable Agency			
FAS <input type="checkbox"/>		FSA <input type="checkbox"/>	RMA <input type="checkbox"/>

This Agreement is for the purpose of setting conditions for the acceptance of students in a nonpay status for educationally-related work assignments in compliance with the provision of 5 USC 3111.

The following conditions apply to this Agreement:

- Participant must be a student who is enrolled not less than half-time at the institution.
- Volunteer service is with the permission of the institution in which the student is enrolled.
- Service under this Agreement will not be compensated by the Agency.
- Volunteer service should be in accordance with appropriate Federal, State, and local regulations, regarding employment of minors.
- Students will not be used to displace any employee.
- Students are not considered to be Federal employees for any purpose other than the following:
 - a. Compensation for injuries sustained during the performance of work assignments, in accordance with the provisions of 5 USC Chapter 81.
 - b. Federal Tort Claims provisions of 28 USC 2671 through 2680.
- The Agency agrees to provide attendance and performance records to the institution as reasonably required in order for the experience to be properly credited.
- The Institution agrees to refer the students without regard to race, creed, color, age, sex, physical handicap, or other non-merit factors.
- The Agency agrees to endeavor to make the assignment beneficial to the academic aims of the student and the institution.

Example of AD-2022, Student Volunteer Program Service Agreement (Continued)

AD-2022 (04-29-04)		Page 2 of 2	
10. I UNDERSTAND AND AGREE TO THE CONDITIONS OF MY SERVICE DESCRIBED ABOVE:			
A. Student Signature		B. Date (MM-DD-YYYY)	
C. If under 18 years of age, Parent/guardian signature		D. Date (MM-DD-YYYY)	
11. TO BE COMPLETED BY RESPONSIBLE AGENCY OFFICIAL:			
A. Location (Address)			
B. Brief description of duties:			
C. Effective Date (MM-DD-YYYY)		D. Fiscal Year	
12A. Selecting Official signature:		12B. Date (MM-DD-YYYY)	
13. TERMINATION OF AGREEMENT			
13A. AGREEMENT TERMINATED ON (Month, Day, Year)	13B. SIGNATURE OF RESPONSIBLE OFFICIAL	13B. SIGNATURE OF VOLUNTEER/STUDENT	

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

Example of AD-2023, Individual Volunteer Program Service Agreement

<p>This form is available electronically. AD-2023 (04-28-04)</p>	<p>U.S. DEPARTMENT OF AGRICULTURE Farm and Foreign Agriculture Service</p>	<p>Form Approved – OMB No. 0560-0232</p>
INDIVIDUAL VOLUNTEER PROGRAM SERVICE AGREEMENT		
<p><small>NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 U.S.C. 2272 (Sec. 1526) Food and Agriculture Act of 1981. The information will be used to inform volunteers of the nature of appointment with respect to service credit for leave or other employee benefits. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in your application not being processed to participate in this program. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.</small></p> <p><small>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. RETURN THIS COMPLETED FORM TO THE APPROPRIATE AGENCY.</small></p>		
<p>Volunteer is an individual, group, or organization who sponsors individual's services without compensation, and who performs those services in furtherance of the programs of the Agency.</p>		
1. Name of Volunteer		2. Social Security No.
3. Home Address (Including Zip Code):		
4. Telephone Number (Including Area Code):		5. Date of Birth (MM-DD-YYYY)
6. Enter a check for applicable Agency: FAS <input type="checkbox"/> FSA <input type="checkbox"/> RMA <input type="checkbox"/>		
<p>I understand that my services are on a volunteer basis without compensation or reimbursement for any incidental expenses. I am permitted access to the worksite only during my approved duty hours. I am not considered a Federal employee except for the purposes of the Federal Employees Workers' Compensation Act and the Federal Tort Claims Act and will not be eligible for health insurance, life insurance, retirement or any other benefits. My service may not be credited for the civil service retirement purposes if I am later employed by the government, though the work may count as experience for qualifications purposes.</p> <p>I understand that permission must be given by my supervisor before I operate any government equipment or motor vehicle 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 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 your agency for a determination of rights. Prior approval must be obtained prior to publishing the results of any work, study or research.</p> <p>Further, I understand that I serve under the supervision of a Federal official and that my services may be terminated at any time.</p>		
7. I UNDERSTAND AND AGREE TO THE CONDITIONS OF MY SERVICE DESCRIBED ABOVE:		
7A. Signature of Volunteer		7B. Date (MM-DD-YYYY)
8. TO BE COMPLETED BY RESPONSIBLE OFFICIAL:		
8A. Location (Address)		
8B. Brief description of duties:		
8C. Effective Date (MM-DD-YYYY)		8D. Fiscal Year
8E. Responsible official signature	8F. Title	8G. Date (MM-DD-YYYY)
9. TERMINATION OF AGREEMENT		
9A. AGREEMENT TERMINATED ON (Month, Day, Year)	9B. SIGNATURE OF RESPONSIBLE OFFICIAL	9C. SIGNATURE OF VOLUNTEER/STUDENT
<p><small>The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.</small></p>		

Example of AD-2024, Sponsored Volunteer Program Service Agreement

<p>This form is available electronically. AD-2024 (04-28-04)</p>	<p>U.S. DEPARTMENT OF AGRICULTURE Farm and Foreign Agricultural Service</p>	<p>Form Approved - OMB No. 0560-0232</p>
<p>SPONSORED VOLUNTEER PROGRAM SERVICE AGREEMENT</p>		
<p><small>NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 U.S.C. 2272 (Sec. 1526) Food and Agriculture Action of 1981. The information will be used to inform volunteers of the nature of appointment with respect to service credit for leave or other employee benefits. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in your application not being processed to participate in this program. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.</small></p> <p><small>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. RETURN THIS COMPLETED FORM TO THE APPROPRIATE AGENCY.</small></p>		
<p>If the volunteer is sponsored by a group or organization, that group or organization must complete this agreement before volunteer begins services.</p>		
<p>1. NAME OF SPONSOR/ORGANIZATION (Print)</p>		
<p>2. ADDRESS (Street, City, State, Zip Code)</p>	<p>3. TELEPHONE NUMBER (Include Area Code)</p>	
<p>4. DUTY STATION (Address)</p>	<p>5. SELECT AGENCY WORK IS TO BE PERFORMED (Choose only one)</p> <p><input type="checkbox"/> FAS <input type="checkbox"/> FSA <input type="checkbox"/> RMA</p> <p style="text-align: center;"><i>Complete a separate form for each Agency.</i></p>	
<p>6. DESCRIPTION OF WORK TO BE PERFORMED:</p>		
<p>7. The above-described work will be contribute to what is identified in Item 6. Except as provided below, the work performed by the participants will not confer on them or on our employees or officers the status of federal employees.</p> <p>8. We will provide the Agency with a listing of participants and hours and days contributed to accomplish the work in Item 6 above.</p> <p>9. We will obtain parental or guardian consent for each individual under 18 years of age and will comply with child labor laws.</p> <p>10. _____ is hereby designated to serve as our liaison with the Agency identified in Item 5 in day-to-day operations under this agreement.</p> <p>11. We understand that the Agency identified in Item 5 or we, may cancel this agreement at any time by notifying the other party.</p>		
<p>12A. SIGNATURE OF SPONSOR/ORGANIZATION</p>		<p>12B. DATE (MM-DD-YYYY)</p>
<p>13. Agency identified in Item 5 acceptance of services described below:</p> <p>A. Provide such materials, equipment, and facilities as are available and needed in performing the work described above.</p> <p>B. Incidental expenses, such as transportation and meals may be paid by the Agency when these expenses are related to the performance of work for the Agency.</p> <p>C. Consider sponsored participants as federal employees for the purpose of tort claims and compensation for work injuries, to the extent not covered by the sponsor. Authorization by Pub. L. 97-98.</p> <p>D. Authorize sponsored participants to operate federal motor vehicles when necessary provided the individual holds a valid state driver's license.</p>		
<p>14A. SIGNATURE (Agency)</p>	<p>14B. TITLE</p>	<p>14C. UNIT</p>
<p>14D. DATE (MM-DD-YYYY)</p>		
<p>The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audio tape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office Of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.</p>		

Example of AD-2024, Sponsored Volunteer Program Service Agreement (Continued)

AD-2024 (Page 2 of 4) (04-28-04)				
16. REMARKS				
17. The Sponsor/Organization desire to make available the volunteer services of the following person(s) to assist with the Agency identified in Item 6.				
A. Volunteer 1:				
(1) Name of Volunteer <i>(First, Middle, Last)</i>	(2) Home Address	(3) Date of Birth <i>(MM-DD-YYYY)</i>	(4) SSN.	(5) Telephone No. <i>(Area Code)</i>
(6) Duties to Perform				
(7) Effective Date <i>(MM-DD-YYYY)</i>			(8) Fiscal Year	
B. Volunteer 2:				
(1) Name of Volunteer <i>(First, Middle, Last)</i>	(2) Home Address	(3) Date of Birth <i>(MM-DD-YYYY)</i>	(4) SSN.	(5) Telephone No. <i>(Area Code)</i>
(6) Duties to Perform				
(7) Effective Date <i>(MM-DD-YYYY)</i>			(8) Fiscal Year	

Example of AD-2024, Sponsored Volunteer Program Service Agreement (Continued)

AD-2024 (Page 3 of 4) (04-28-04)				
C. Volunteer 3:				
(1) Name of Volunteer <i>(First, Middle, Last)</i>	(2) Home Address	(3) Date of Birth <i>(MM-DD-YYYY)</i>	(4) SSN.	(5) Telephone No. <i>(Area Code)</i>
(6) Duties to Perform				
(7) Effective Date <i>(MM-DD-YYYY)</i>			(8) Fiscal Year	
D. Volunteer 4:				
(1) Name of Volunteer <i>(First, Middle, Last)</i>	(2) Home Address	(3) Date of Birth <i>(MM-DD-YYYY)</i>	(4) SSN.	(5) Telephone No. <i>(Area Code)</i>
(6) Duties to Perform				
(7) Effective Date <i>(MM-DD-YYYY)</i>			(8) Fiscal Year	
E. Volunteer 5:				
(1) Name of Volunteer <i>(First, Middle, Last)</i>	(2) Home Address	(3) Date of Birth <i>(MM-DD-YYYY)</i>	(4) SSN.	(5) Telephone No. <i>(Area Code)</i>
(6) Duties to Perform				
(7) Effective Date <i>(MM-DD-YYYY)</i>			(8) Fiscal Year	
F. Volunteer 6:				
(1) Name of Volunteer <i>(First, Middle, Last)</i>	(2) Home Address	(3) Date of Birth <i>(MM-DD-YYYY)</i>	(4) SSN.	(5) Telephone No. <i>(Area Code)</i>
(6) Duties to Perform				
(7) Effective Date <i>(MM-DD-YYYY)</i>			(8) Fiscal Year	

Example of AD-2024, Sponsored Volunteer Program Service Agreement (Continued)

AD-2024 (Page 4 of 4) (04-28-04)				
G. Volunteer 7:				
(1) Name of Volunteer <i>(First, Middle, Last)</i>	(2) Home Address	(3) Date of Birth <i>(MM-DD-YYYY)</i>	(4) SSN.	(5) Telephone No. <i>(Area Code)</i>
(6) Duties to Perform				
(7) Effective Date <i>(MM-DD-YYYY)</i>		(8) Fiscal Year		
H. Volunteer 8:				
(1) Name of Volunteer <i>(First, Middle, Last)</i>	(2) Home Address	(3) Date of Birth <i>(MM-DD-YYYY)</i>	(4) SSN.	(5) Telephone No. <i>(Area Code)</i>
(6) Duties to Perform				
(7) Effective Date <i>(MM-DD-YYYY)</i>		(8) Fiscal Year		
I. Volunteer 9:				
(1) Name of Volunteer <i>(First, Middle, Last)</i>	(2) Home Address	(3) Date of Birth <i>(MM-DD-YYYY)</i>	(4) SSN.	(5) Telephone No. <i>(Area Code)</i>
(6) Duties to Perform				
(7) Effective Date <i>(MM-DD-YYYY)</i>		(8) Fiscal Year		
18. TERMINATION OF AGREEMENT				
18A. AGREEMENT TERMINATED ON <i>(Month, Day, Year)</i>	18B. SIGNATURE OF RESPONSIBLE OFFICIAL	18C. SIGNATURE OF VOLUNTEER/STUDENT		

Example of AD-2025, Volunteer Attendance Record (Continued)

AD-2025 (Page 2 of 2) (04-28-04)

6. To be completed by responsible Agency official:

6A. Responsible official signature	6B. Date Signed (MM-DD-YYYY)
6C. Name of requesting office	6D. Check Applicable Agency: <input type="checkbox"/> FSA <input type="checkbox"/> FAS <input type="checkbox"/> RMA

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Example of AD-2052, FFAS Volunteer Program Report

This form is available electronically.

<p>AD-2052 (10-25-05)</p> <p style="text-align: center;">U. S. DEPARTMENT OF AGRICULTURE Farm Service Agency</p> <p style="text-align: center;">FFAS VOLUNTEER PROGRAM REPORT</p> <p><i>(Report Control No. PE-176R)</i></p>	<p>1. Fiscal Year</p> <hr/> <p>2. Requesting Agency (Check one): FAS <input type="checkbox"/> FSA <input type="checkbox"/> RMA <input type="checkbox"/></p>			
<p>FY Reporting dates of October 1 through March 31, complete the following:</p>				
<p>PART A - MID-YEAR REPORTING REQUEST</p>				
<p>1. Location</p>	<p>2. Office Address (Including Zip Code)</p>			
<p>3. Provide the total number volunteers who provided at least one hour of service during the current fiscal year (Include Groups - group members should be counted individually)</p>	<p>4. Provide the total number hours donated (Include Groups - group member hours should be counted individually)</p>			
<p>5A. Signature</p>	<p>5B. Title</p>			
<p>5C. Telephone Number (Including Area Code)</p>	<p>5D. Date (MM-DD-YYYY)</p>			
<p>PART B - MID-YEAR DEMOGRAPHIC INFORMATION REPORT</p>				
<p>1. Enter below the number of volunteers in the appropriate age category:</p>				
A. 16-18	B. 19-25	C. 26-55	D. 56-70	E. Over 70
<p>2. Enter the number of volunteers with disabilities:</p>				
<p>3. Enter the number of volunteers, female or male, according to ethnicity: (see description below)</p>				
A. Female		B. Male		
(1) White, not of Hispanic Origin <u>1/</u>		(1) White, not of Hispanic Origin <u>1/</u>		
(2) Asian or Pacific Islander <u>2/</u>		(2) Asian or Pacific Islander <u>2/</u>		
(3) American Indian or Alaska Native <u>3/</u>		(3) American Indian or Alaska Native <u>3/</u>		
(4) Black, not of Hispanic Origin <u>4/</u>		(4) Black, not of Hispanic Origin <u>4/</u>		
(5) Hispanic <u>5/</u>		(5) Hispanic <u>5/</u>		
(6) Other :		(6) Other :		
(7) Unknown		(7) Unknown		
<p><i>1/ A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.</i> <i>2/ A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.</i> <i>3/ Includes persons having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.</i> <i>4/ A person having origins in any of the black racial groups of Africa.</i> <i>5/ A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.</i></p>				
<p>4A. Signature</p>	<p>4B. Title</p>			
<p>4C. Telephone Number (Including Area Code)</p>	<p>4D. Date (MM-DD-YYYY)</p>			
<p><small>The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.</small></p>				

Example of AD-2052, FFAS Volunteer Program Report (Continued)

AD-2052 (Page 2 of 2) (10-25-05)

FY Reporting dates of October 1 through September 30, complete the following:

PART C - ANNUAL YEAR REPORTING REQUEST

1. Location	2. Office Address (Including Zip Code)
3. Provide the total number volunteers who provided at least one hour of service during the current fiscal year (Include Groups - group members should be counted individually)	4. Provide the total number hours donated (Include Groups - group member hours should be counted individually)
5. Provide the total number of offices within your jurisdiction that used volunteer resources this fiscal year	6. Provide the total number of offices within your jurisdiction
7. Volunteer success stories and/or volunteer management techniques (Optional)	
8A. Signature	8B. Title
8C. Telephone Number (Including Area Code)	8D. Date (MM-DD-YYYY)

PART D - ANNUAL DEMOGRAPHIC INFORMATION REPORT

1. Enter below the number of volunteers in the appropriate age category:

A. 16-18	B. 19-25	C. 26-55	D. 56-70	E. Over 70
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2. Enter the number of volunteers with disabilities:

3. Enter the number of volunteers, female or male, according to ethnicity: (see description below.)

A. Female		B. Male	
(1) White, not of Hispanic Origin <u>1/</u>		(1) White, not of Hispanic Origin <u>1/</u>	
(2) Asian or Pacific Islander <u>2/</u>		(2) Asian or Pacific Islander <u>2/</u>	
(3) American Indian or Alaska Native <u>3/</u>		(3) American Indian or Alaska Native <u>3/</u>	
(4) Black, not of Hispanic Origin <u>4/</u>		(4) Black, not of Hispanic Origin <u>4/</u>	
(5) Hispanic <u>5/</u>		(5) Hispanic <u>5/</u>	
(6) Other:		(6) Other:	
(7) Unknown		(7) Unknown	

1/ A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
2/ A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
3/ Includes persons having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
4/ A person having origins in any of the black racial groups of Africa.
5/ A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

4A. Signature	4B. Title
4C. Telephone Number (Including Area Code)	4D. Date (MM-DD-YYYY)