

**For:** FSA, RMA, and FAS Employees

**FFAS Volunteer Programs**

**Approved by:** Deputy Administrator, Management



**1 Overview**

**A Background**

Section 1526 of the Food and Agricultural Act of 1981 and 7 U.S.C. Section 2272 permits the establishment of programs to use volunteers in carrying out programs of, or supported by, the Department. 5 U.S.C. Section 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 Programs guidance.

**C Contact**

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

<b>IF office is...</b>	<b>THEN contact...</b>
FSA Service Center	FSA State Office, Administrative Officer.
FSA State Office, Kansas City Offices, or APFO	Vera Byers, KCAO, HRD FSA State Office Program Manager at 816-926-1710.
FSA National Office, FAS, or RMA	C. Mondina Jolley, HRD National Volunteer Program Manager at 202-418-8992.

<b>Disposal Date</b>	<b>Distribution</b>
July 1, 2007	All FAS, FSA, and RMA Employees; State Offices relay to County Offices

## 2 Definitions and Requirements

### A Definitions of Volunteer

A 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.

A 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.

### B 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 operations levels. Individuals considered 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 discretion of the supervisor.

### C Requirements

- Service under this program must be without compensation from the Agency and may not be used to displace any employee of the Agency, nor may it be used to perform any work which 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 this program are not Federal employees, except for the purpose of 5 U.S.C. Chapter 81 (relating to Worker's Compensation Program), and 28 U.S.C. Sections 2671 through 2680 (relating to tort claims).

## 2 Definitions and Requirements (Continued)

### C 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 in using volunteer service. To **not** be in compliance with DOL 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:

(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.

Agencies are expected to maintain and become familiar with these 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).
- 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 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.

In addition, the school and the Agency must enter into a written agreement that outlines the condition or limitations of the student's volunteer assignment.

AD-2022 (Exhibit 1) 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 will 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 Volunteers

Individual volunteers submitting a resume are eligible to begin service upon completing AD-2023 (Exhibit 2). Volunteers sponsored by a group or organization submitting resumes are eligible to begin service upon completing AD-2024 (Exhibit 3).

#### C Other 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 under this program:

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

**3 Information About Voluntary Service (Continued)**

**D Recognition of Volunteers**

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 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 Documentation**

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 purpose of the case file is to ensure 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, or AD-2024
- resume prepared by the volunteer
- OF-306, as applicable.

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

Attendance records must be maintained by the requesting office. The record should be accurately maintained so that it can be used to provide information when required. Record attendance on AD-2025 (Exhibit 4).

**G Equal Opportunity**

USDA prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, and marital or family status.

## 4 Records Requirements

### A Documentation

A case file shall be established for each volunteer by the locating office where the volunteer is assigned. The purpose of the case file is to ensure 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 documents are required for volunteer participants:

- resume prepared by the volunteer
- statement of services or duties to be performed
- AD-2022, AD-2023, or AD-2024
- OF-306
- AD-2025
- SF-181 (optional).

**Note:** Do **not** file in case file.

### B File Folders

State and County Offices shall establish file folders labeled "PM 20 Volunteer Program" (subdivide by name) and file documents in 4A.

All other offices shall establish file folders labeled "PM 21 Volunteer Program" (subdivide by name) and file documents in 4A.

All offices shall file SF -181 and reports in paragraph 5 in folders labeled "PM 1 Reports" (Volunteer Program).

### C Disposition Instructions

All offices shall destroy the case file 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.

**5 Reporting Requirements (PE-176R)**

**A Mid-Year Reporting Requirement**

A mid-year report is required from program coordinators from each participating State Office, County Offices, Kansas City Office, RMA Regional and Compliance Office, St. Louis Office, and FFAS National 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 this report 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 National 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 Requirement**

An annual report is required from each participating State Office, County Offices, Kansas City Office, RMA Regional and Compliance Office, St. Louis Office, and FFAS National Office. The information required is to be accumulated for the entire FY. AD-2052 (Exhibit 5) shall be used to submit this report 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 National 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 (area, field, RC&D, soil survey, etc.) in your jurisdiction
- volunteer success stories and explain State-wide volunteer management techniques that are successful.

**Notice PM-2498**

**5 Reporting Requirements (Continued)**

**C Demographic Information Reporting**

The demographic information report will be requested by the National Office volunteer program manager and shall be submitted by April 15 and October 15 of the current year.

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

<b>Status Codes</b>	
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 Send Reports**

All reports shall be sent or FAXed to the following.

<b>IF your office is...</b>	<b>THEN submit to...</b>
FSA Service Center	FSA State Office Attn: Administrative Officer
<ul style="list-style-type: none"> <li>• FSA State Office</li> <li>• Kansas City Offices</li> </ul>	Vera Byers KCHRO 6501 Beacon Drive Kansas City, MO 64133 FAX: 816-926-3638
<ul style="list-style-type: none"> <li>• FSA National Office</li> <li>• KCHRO</li> <li>• FAS HRD</li> <li>• RMA Regional Office</li> <li>• RMA Compliance Office</li> </ul>	C. Mondina Jolley USDA/FSA/HRD/DOB/STOP 0596 1400 Independence Avenue, SW Washington, DC 20250-0596 FAX: 202-418-9120

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
<b>10. I UNDERSTAND AND AGREE TO THE CONDITIONS OF MY SERVICE DESCRIBED ABOVE:</b>		
A. Student Signature	B. Date (MM-DD-YYYY)	
C. If under 18 years of age, Parent/guardian signature	D. Date (MM-DD-YYYY)	
<b>11. TO BE COMPLETED BY RESPONSIBLE AGENCY OFFICIAL:</b>		
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)	
<b>13. TERMINATION OF AGREEMENT</b>		
13A. AGREEMENT TERMINATED ON (Month, Day, Year)	13B. SIGNATURE OF RESPONSIBLE OFFICIAL	13C. 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

This form is available electronically.  
**AD-2023**  
 (04-28-04)

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

Form Approved – OMB No. 0560-0232

**INDIVIDUAL 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 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, 297, 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.

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.

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"/>			

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.

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.

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

**7. I UNDERSTAND AND AGREE TO THE CONDITIONS OF MY SERVICE DESCRIBED ABOVE:**

7A. Signature of Volunteer	7B. Date (MM-DD-YYYY)
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**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
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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.

Example of AD-2024, Sponsored Volunteer Program Service Agreement

This form is available electronically.  
**AD-2024**  
 (04-28-04)

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

Form Approved - OMB No. 0560-0232

**SPONSORED 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 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.

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.**

If the volunteer is sponsored by a group or organization, that group or organization must complete this agreement before volunteer begins services.

1. NAME OF SPONSOR/ORGANIZATION (Print)	
2. ADDRESS (Street, City, State, Zip Code)	3. TELEPHONE NUMBER (Include Area Code)
4. DUTY STATION (Address)	5. SELECT AGENCY WORK IS TO BE PERFORMED (Choose only one) <input type="checkbox"/> FAS <input type="checkbox"/> FSA <input type="checkbox"/> RMA Complete a separate form for each Agency.
6. DESCRIPTION OF WORK TO BE PERFORMED:	

- 7. The above-described work will 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.
- 8. We will provide the Agency with a listing of participants and hours and days contributed to accomplish the work in Item 6 above.
- 9. We will obtain parental or guardian consent for each individual under 18 years of age and will comply with child labor laws.
- 10. \_\_\_\_\_ is hereby designated to serve as our liaison with the Agency identified in Item 5 in day-to-day operations under this agreement.
- 11. We understand that the Agency identified in Item 5 or we, may cancel this agreement at any time by notifying the other party.

12A. SIGNATURE OF SPONSOR/ORGANIZATION	12B. DATE (MM-DD-YYYY)
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- 13. Agency identified in Item 5 acceptance of services described below:**
- A. Provide such materials, equipment, and facilities as are available and needed in performing the work described above.
  - 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.
  - 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.
  - D. Authorize sponsored participants to operate federal motor vehicles when necessary provided the individual holds a valid state driver's license.

14A. SIGNATURE (Agency)	14B. TITLE	14C. UNIT	14D. DATE (MM-DD-YYYY)
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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.

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 (First, Middle, Last)	(2) Home Address	(3) Date of Birth (MM-DD-YYYY)	(4) SSN.	(5) Telephone No. (Area Code)
(6) Duties to Perform				
(7) Effective Date (MM-DD-YYYY)			(8) Fiscal Year	

**B. Volunteer 2:**

(1) Name of Volunteer (First, Middle, Last)	(2) Home Address	(3) Date of Birth (MM-DD-YYYY)	(4) SSN.	(5) Telephone No. (Area Code)
(6) Duties to Perform				
(7) Effective Date (MM-DD-YYYY)			(8) Fiscal Year	

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

AD-2024 (Page 3 of 4) (04-28-04)

<b>C. Volunteer 3:</b>				
(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>D. Volunteer 4:</b>				
(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>E. Volunteer 5:</b>				
(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>F. Volunteer 6:</b>				
(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)

<b>G. Volunteer 7:</b>				
(1) Name of Volunteer (First, Middle, Last)	(2) Home Address	(3) Date of Birth (MM-DD-YYYY)	(4) SSN.	(5) Telephone No. (Area Code)
(6) Duties to Perform				
(7) Effective Date (MM-DD-YYYY)		(8) Fiscal Year		
<b>H. Volunteer 8:</b>				
(1) Name of Volunteer (First, Middle, Last)	(2) Home Address	(3) Date of Birth (MM-DD-YYYY)	(4) SSN.	(5) Telephone No. (Area Code)
(6) Duties to Perform				
(7) Effective Date (MM-DD-YYYY)		(8) Fiscal Year		
<b>I. Volunteer 9:</b>				
(1) Name of Volunteer (First, Middle, Last)	(2) Home Address	(3) Date of Birth (MM-DD-YYYY)	(4) SSN.	(5) Telephone No. (Area Code)
(6) Duties to Perform				
(7) Effective Date (MM-DD-YYYY)		(8) Fiscal Year		
<b>18. TERMINATION OF AGREEMENT</b>				
18A. AGREEMENT TERMINATED ON (Month, Day, Year)	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

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.

Example of AD-2052, FFAS Volunteer Program Report

This form is available electronically.

<b>AD-2052</b> (10-25-05)	U. S. DEPARTMENT OF AGRICULTURE Farm Service Agency		1. Fiscal Year	
<b>FFAS VOLUNTEER PROGRAM REPORT</b>			2. Requesting Agency (Check one): FAS <input type="checkbox"/> FSA <input type="checkbox"/> RMA <input type="checkbox"/>	
( <i>Report Control No. PE-176R</i> )				
FY Reporting dates of October 1 through March 31, complete the following:				
<b>PART A - MID-YEAR REPORTING REQUEST</b>				
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)		
5A. Signature		5B. Title		
5C. Telephone Number (Including Area Code)		5D. Date (MM-DD-YYYY)		
<b>PART B - MID-YEAR DEMOGRAPHIC INFORMATION REPORT</b>				
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
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		
<small><u>1/</u> A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.  <u>2/</u> 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.  <u>3/</u> Includes persons having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.  <u>4/</u> A person having origins in any of the black racial groups of Africa.  <u>5/</u> A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.</small>				
4A. Signature		4B. Title		
4C. Telephone Number (Including Area Code)		4D. Date (MM-DD-YYYY)		

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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
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		
<p><u>1/</u> A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p> <p><u>2/</u> 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.</p> <p><u>3/</u> Includes persons having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.</p> <p><u>4/</u> A person having origins in any of the black racial groups of Africa.</p> <p><u>5/</u> A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.</p>				
4A. Signature		4B. Title		
4C. Telephone Number (Including Area Code)		4D. Date (MM-DD-YYYY)		