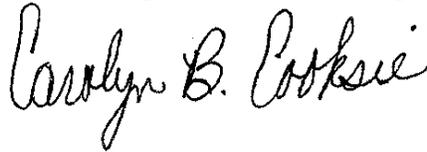


For: FFAS Employees

FFAS Volunteer Program Guidance

Approved by: Associate Administrator for Operations and 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.

2 Definitions and Requirements

A Definitions and Requirements Used in FFAS Volunteer Programs

Adjudicator means an individual responsible for:

- determining suitability based on background investigation results to include National Criminal History Check fingerprint results
- attempting to mitigate investigation issues
- granting the applicant access to FFAS Government systems and facilities.

Note: This includes eligibility for Personal Identity Verification card, such as LincPass, or site badge issuance.

| | |
|----------------------|--|
| Disposal Date | Distribution |
| August 1, 2012 | All FAS, FSA, and RMA employees; State Offices relay to County Offices |

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2 Definitions and Requirements (Continued)

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

The Adjudicator for:

- State/Field Office applicants is the human resource representative
- Washington, DC/Kansas City and RMA Regional Office applicants is EPD.

Registrar means an individual who:

- 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 and RMA Regional Office applicants is EPD.

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

Sponsor means an individual who schedules and coordinates background investigation activities, provides sponsorship to the applicant, and ensures that **all** required forms are completed. The Sponsors are the contacts in paragraph 10.

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2 Definitions and Requirements (Continued)

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

Student volunteer means an individual who is enrolled at least 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.

Volunteer (or applicant) 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.

Note: A volunteer may be an employee or a nonemployee.

B Identity Proofing and Registration Approved Forms

FFAS is required to use OMB-approved forms for the process of identity proofing and registration. USDA has created 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
- Form I-9
- OMB-3046-0046, Demographic Information on Applicants Form at <http://www.archives.gov/careers/jobs/forms/>.

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 all FFAS 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.

2 Definitions and Requirements (Continued)

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** 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).

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.

2 Definitions and Requirements (Continued)

E Type of Personal Identity Verification Card

To determine the type of card required for a volunteer, see the USDA Credential Matrix in 1-SEM, Exhibit 7.

Note: Follow guidance in 1-SEM for contractors since it is the same for volunteers.

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:

- Pre-Favorable Approval to Work Notice is received
- AD-2022 (Exhibit 1) 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 at least 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 and Nonstudent Volunteers

Individual volunteers **must** complete AD-2023 (Exhibit 2). Volunteers sponsored by a group or organization **must** complete AD-2024 (Exhibit 3).

3 Information About Voluntary Service (Continued)

C Federal and FSA County Employee Volunteers

Federal and FSA county 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.

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, audiotope, 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 Background Investigation, Fingerprinting Requirements, and Identity Verification

A Overview

Background investigation and fingerprinting requirements for volunteers can be found in 1-SEM, Part 3.

Note: Follow guidance in 1-SEM for contractors since it is the same for volunteers.

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4 Non-Federal Employee/Volunteer Background Investigation, Fingerprinting Requirements, and Identity Verification (Continued)

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 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 <http://www.uscis.gov/files/form/i-9.pdf>.

5 Fingerprinting and Obtaining Access to Computer Systems

A Fingerprinting Process

Volunteers shall submit all completed, required forms and the proper ID for fingerprinting. Sponsors shall ensure that the volunteer correctly completes the forms.

Note: Volunteers must **not** go for fingerprinting without approval from the Sponsor authorizing fingerprinting.

The volunteer shall bring 2 forms of identity source documents in **original form**. These documents **must** be presented to the EPD Registrar 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 for approved forms of identity from lists A and B and required documents from list C.

B Initiating Security Awareness Training

Volunteer should be provided the mandatory USDA Information Security Awareness and Rules of Behavior Training **before** receiving a computer user ID.

All managers/supervisors have 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 agency request forms **before** being given access to computers and applications. Additionally, requests to modify, add, or delete access to applications must be submitted using agency request forms.

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

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5 Fingerprinting and Obtaining Access to Computer Systems (Continued)

B Initiating Security Awareness Training (Continued)

Managers/supervisors will find additional guidance on mandatory security awareness training and required forms and instructions at

<https://fsa.sc.egov.usda.gov/mgr/iso/public/Wiki%20Pages/Home.aspx>.

Volunteers shall:

- complete the paper-based Information Security Awareness and Rules of Behavior Training at **http://www.fsa.usda.gov/Internet/FSA_File/paper-based-training..pdf**
- complete the paper-based exam at **http://www.fsa.usda.gov/Internet/FSA_File/paper-exam.pdf** by filling in the circles adjacent to answers

Note: Add the volunteer name and leave the user location and user ID blank.

- sign and date the Rules of Behavior Acknowledgement Form at **http://www.fsa.usda.gov/Internet/FSA_File/acknowledge..pdf**
- FAX or e-mail the completed exam and the Rules of Behavior Acknowledgement Form, along with the selecting official’s name, to the appropriate FSA contact.

C Contacts for FSA, RMA, and FAS

The following table provides contacts for security awareness training for volunteers.

| IF the training is with... | THEN contact... |
|---|---|
| FSA in duty station Washington, DC | Marie Hubbard by 1 of the following: <ul style="list-style-type: none"> • telephone at 202-401-0373 • FAX at 202-205-9048 • e-mail at marie.hubbard@wdc.usda.gov. |
| FSA in duty stations Kansas City, MO, St. Louis, MO, and Salt Lake City, UT | Mark Nelson by 1 of the following: <ul style="list-style-type: none"> • telephone at 816-926-3420 • FAX at 816-926-1825 • e-mail at mark.nelson@kcc.usda.gov. |
| FSA State and County Offices | either of the following: <ul style="list-style-type: none"> • State Administrative Office • State or Local AgLearn Administrator. |

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5 Fingerprinting and Obtaining Access to Computer Systems (Continued)

C Contacts for FSA, RMA, and FAS (Continued)

| IF the training is with... | THEN contact... |
|-----------------------------------|--|
| RMA | Eric Baer, Chief, Information Systems Security Branch by 1 of the following: <ul style="list-style-type: none"> • telephone at 816-823-1950 • FAX at 816-926-3888 • e-mail at eric.baer@rma.usda.gov. |
| FAS | either of the following: <ul style="list-style-type: none"> • IRM Coordinator • Carol Remmers, Information Systems Security Program Manager by 1 of the following: <ul style="list-style-type: none"> • telephone at 202-720-2369 • FAX at 202-690-9067 • e-mail at carol.remmers@fas.usda.gov. |

6 USDA Site Badge Process for Washington, DC and Kansas City Volunteers

A Initiating Request for USDA Site Badge

All volunteers in Washington, DC, and Kansas City, MO, must be issued site badges. Guidance on this process can be found in 1-SEM, paragraph 92.

B Contacts

If there are questions about the USDA site badge process, contact the following.

| IF located in... | THEN contact... |
|-------------------------|--|
| Washington, DC | EPD by telephone at 202-260-8165. |
| Kansas City, MO | either of the following Kansas City EPD staff: <ul style="list-style-type: none"> • Angelia Amrine by either of the following: <ul style="list-style-type: none"> • e-mail at angelia.amrine@kcc.usda.gov • telephone at 816-926-6128 • Carmen Pitts by either of the following: <ul style="list-style-type: none"> • e-mail at carmen.pitts@kcc.usda.gov • telephone at 816-926-6112. |

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7 Documentation and Responsibility

A Documentation for Each Volunteer

The following documentation shall be FAXed or e-mailed to the FFAS Volunteer Program Manager no later than 5 workdays after each volunteer is on board:

- AD-1197
- Form I-9
- OMB-3046-0046, Demographic Information on Applicants Form
- AD-2022, AD-2023, or AD-2024.

B FFAS Volunteer Program Manager Responsibility

The FFAS Volunteer Program Manager shall:

- develop policies and procedures for reviewing and implementing the mission area volunteer program
- provide technical assistance to HR representatives in FFAS
- work closely with HR representatives in FFAS to promote compliance with the provisions of this notice, related regulations, and technical guidance to foster an environment to promote the volunteer program
- review and evaluate volunteer documentation and service agreements
- maintain data on all volunteers requested, and supporting documentation for annual reporting purposes
- compile annual reports
- at the conclusion of each FY, evaluate the volunteer program to determine the relevance of the program, what impact the program has had on the mission area, and what the mission area has accomplished as a result of the program.

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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.

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

- Pre-Favorable Approval to Work Notice
- 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)
- copy of the closed background check – Certification of Investigation.

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 4) 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 the FFAS Volunteer 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.

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9 Reporting Requirements (PE-176R)

A Mid-Year Reporting Requirements

A mid-year report (PE-176R) is **required** from each participating State Office, County Office, RMA Regional and Compliance Office, and FFAS Division. The information required is to be accumulated from October 1 through March 31 of each FY. AD-2052 (Exhibit 5) shall be used to submit mid-year report (PE-176R) to the FFAS Volunteer Program Manager by April 15 of each FY. The report will include the following from each office:

- name and telephone number of person who prepared the report
- number of volunteers who provided at least 1 hour of service during the first half of each 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, RMA Regional and Compliance Office, and FFAS Division. 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 FFAS Volunteer Program Manager by October 15 of each FY. The report will include the following from each office:

- name and telephone number of person who prepared the report
- number of volunteers who provided at least 1 hour of service during each 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 each year.

Note: The demographic information should be collected by each participating State Office, County Office, RMA Regional and Compliance Office, and FFAS Division volunteer’s supervisor and submitted to the FFAS 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.

10 Additional Information and Submitting Reports

A Contacts

The following table provides contacts for additional information and individuals to submit reports.

| IF assistance is needed with... | THEN contact and submit reports to... |
|---|--|
| <ul style="list-style-type: none">• FSA Service Center volunteers• submitting FSA county reports | FSA State Office, Administrative Officer. |
| <ul style="list-style-type: none">• this notice• FSA and RMA volunteers• submitting FSA, FAS, and RMA reports | Shannon Logan, FFAS Volunteer Program Manager, by 1 of the following: <ul style="list-style-type: none">• e-mail at shannon.logan@wdc.usda.gov• telephone at 202-401-0165• FAX at 202-205-9017. |
| FAS volunteers | Nikia Sizer, Volunteer Coordinator, by 1 of the following: <ul style="list-style-type: none">• e-mail at nikia.sizer@wdc.usda.gov• telephone at 202-401-0176. |

Example of AD-2022, Student Volunteer Program Service Agreement

| | | |
|---|---|--|
| <p>This form is available electronically.</p> <p>AD-2022 (04-13-11)</p> | <p>U.S. DEPARTMENT OF AGRICULTURE Farm and Foreign Agricultural Services</p> | <p>Form Approved – OMB No. 0560-0232</p> |
| <p>STUDENT VOLUNTEER PROGRAM SERVICE AGREEMENT</p> | | |
| <p><small>NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 5 USC 3111. The information will be used to set conditions and obtain agreement concerning the acceptance of student volunteers in a non-pay status for educationally-related work assignments. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for OPM/GOVT-1 - General Personnel Records. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for the student volunteer to participate in this program.</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.</small></p> <p><small>The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO THE APPROPRIATE AGENCY.</small></p> | | |
| <p>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.</p> | | |
| 1. Name of Student | 2. Telephone Number (Including Area Code) | |
| 3. Home Address (Including Zip Code) | | |
| 4. Name of Educational Institution | | |
| 5A. Authorized Signature | 5B. Title | 5C. Date |
| 6. Student's Academic Status | | 7. Student's Major |
| 8. Enter a check for applicable Agency: FAS <input type="checkbox"/> FSA <input type="checkbox"/> RMA <input type="checkbox"/> | | |
| <p>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.</p> <p>The following conditions apply to this Agreement:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> 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 (04-13-11) | | Page 2 of 2 |
| 9. 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) | |
| 10. TO BE COMPLETED BY RESPONSIBLE AGENCY OFFICIAL: | | |
| A. Location (Address) | | |
| B. Brief description of duties | | |
| C. Effective Date (MM-DD-YYYY) | D. Fiscal Year | |
| 11A. Selecting Official Signature | 11B. Date (MM-DD-YYYY) | |
| 12. TERMINATION OF AGREEMENT | | |
| A. Agreement Terminated On (Month, Day, Year) | B. Signature of Responsible Official | C. Signature of Volunteer/Student |
| <p><small>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).</small></p> <p><small>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) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.</small></p> | | |

Example of AD-2023, Individual Volunteer Program Service Agreement

This form is available electronically.
AD-2023
 (04-13-11)

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

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 - as amended). The authority for requesting the information identified on this form is 7 USC 2272. The information will be used to identify conditions and obtain agreement concerning the acceptance of volunteers who will without compensation, perform services in furtherance of Agency programs. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for OPM/GOVT-1 - General Personnel Records. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for the volunteer to participate in this program.*

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.

The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. 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. Home Address (Including Zip Code): |
| 3. Telephone Number (Including Area Code): |
| 4. 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.

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

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

6. TO BE COMPLETED BY RESPONSIBLE OFFICIAL:

| | | |
|-----------------------------------|----------------|----------------------|
| A. Location (Address) | | |
| B. Brief description of duties: | | |
| C. Effective Date (MM-DD-YYYY) | D. Fiscal Year | |
| E. Responsible Official Signature | F. Title | G. Date (MM-DD-YYYY) |

7. TERMINATION OF AGREEMENT:

| | | |
|--|--------------------------------------|-----------------------------------|
| A. AGREEMENT TERMINATED ON (Month, Day, Year) | B. SIGNATURE OF RESPONSIBLE OFFICIAL | C. SIGNATURE OF VOLUNTEER/STUDENT |
|--|--------------------------------------|-----------------------------------|

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) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

Example of AD-2024, Sponsored Volunteer Program Service Agreement

| | | |
|--|---|--|
| <p>This form is available electronically. AD-2024 (04-13-11)</p> | <p>U.S. DEPARTMENT OF AGRICULTURE Farm and Foreign Agricultural Services</p> | <p>Form Approved - OMB No. 0560-0232</p> |
| <p>SPONSORED VOLUNTEER PROGRAM SERVICE AGREEMENT</p> | | |
| <p>NOTE: <i>The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 USC 2272. The information will be used to allow a group or organization to identify and sponsor volunteers who will without compensation, perform services in furtherance of Agency programs. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for OPM/GOVT-1 - General Personnel Records. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for the group or organization to participate in this program.</i></p> <p><i>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.</i></p> <p><i>The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO THE APPROPRIATE AGENCY.</i></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 style="text-align: center;"> <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><i>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) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.</i></p> | | |

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

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| AD-2024 (04-13-11) | Page 2 of 4 | |
| 15. REMARKS | | |
| 16. The Sponsor/Organization desire to make available the volunteer services of the following person(s) to assist with the Agency identified in Item 5. | | |
| A. Volunteer 1: | | |
| (1) Name of Volunteer (<i>First, Middle, Last</i>) | (2) Home Address | (3) Telephone No. (<i>Include Area Code</i>) |
| (4) Duties to Perform | | |
| (5) Effective Date (<i>MM-DD-YYYY</i>) | | (6) Fiscal Year |
| B. Volunteer 2: | | |
| (1) Name of Volunteer (<i>First, Middle, Last</i>) | (2) Home Address | (3) Telephone No. (<i>Include Area Code</i>) |
| (4) Duties to Perform | | |
| (5) Effective Date (<i>MM-DD-YYYY</i>) | | (6) Fiscal Year |

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

| | | |
|--|------------------|--|
| AD-2024 (04-13-11) | | Page 3 of 4 |
| C. Volunteer 3: | | |
| (1) Name of Volunteer (<i>First, Middle, Last</i>) | (2) Home Address | (3) Telephone No. (<i>Include Area Code</i>) |
| (4) Duties to Perform | | |
| (5) Effective Date (<i>MM-DD-YYYY</i>) | | (6) Fiscal Year |
| D. Volunteer 4: | | |
| (1) Name of Volunteer (<i>First, Middle, Last</i>) | (2) Home Address | (3) Telephone No. (<i>Include Area Code</i>) |
| (4) Duties to Perform | | |
| (5) Effective Date (<i>MM-DD-YYYY</i>) | | (6) Fiscal Year |
| E. Volunteer 5: | | |
| (1) Name of Volunteer (<i>First, Middle, Last</i>) | (2) Home Address | (3) Telephone No. (<i>Include Area Code</i>) |
| (4) Duties to Perform | | |
| (5) Effective Date (<i>MM-DD-YYYY</i>) | | (6) Fiscal Year |
| F. Volunteer 6: | | |
| (1) Name of Volunteer (<i>First, Middle, Last</i>) | (2) Home Address | (3) Telephone No. (<i>Include Area Code</i>) |
| (4) Duties to Perform | | |
| (5) Effective Date (<i>MM-DD-YYYY</i>) | | (6) Fiscal Year |

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

| | | |
|---|--------------------------------------|--|
| AD-2024 (04-13-11) | | Page 4 of 4 |
| G. Volunteer 7: | | |
| (1) Name of Volunteer (<i>First, Middle, Last</i>) | (2) Home Address | (3) Telephone No. (<i>Include Area Code</i>) |
| (4) Duties to Perform | | |
| (5) Effective Date (<i>MM-DD-YYYY</i>) | (6) Fiscal Year | |
| H. Volunteer 8: | | |
| (1) Name of Volunteer (<i>First, Middle, Last</i>) | (2) Home Address | (3) Telephone No. (<i>Include Area Code</i>) |
| (4) Duties to Perform | | |
| (5) Effective Date (<i>MM-DD-YYYY</i>) | (6) Fiscal Year | |
| I. Volunteer 9: | | |
| (1) Name of Volunteer (<i>First, Middle, Last</i>) | (2) Home Address | (3) Telephone No. (<i>Include Area Code</i>) |
| (4) Duties to Perform | | |
| (5) Effective Date (<i>MM-DD-YYYY</i>) | (6) Fiscal Year | |
| 17. TERMINATION OF AGREEMENT | | |
| A. AGREEMENT TERMINATED ON <i>(Month, Day, Year)</i> | B. SIGNATURE OF RESPONSIBLE OFFICIAL | C. SIGNATURE OF VOLUNTEER/STUDENT |

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

| | | |
|---|---|-------------|
| AD-2025 (04-13-11) | | Page 2 of 2 |
| 5. To be completed by responsible Agency official: | | |
| A. Responsible official signature | B. Date Signed (MM-DD-YYYY) | |
| C. Name of requesting office | D. Check Applicable Agency: <input type="checkbox"/> FSA <input type="checkbox"/> FAS <input type="checkbox"/> RMA | |
| <p><i>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) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.</i></p> | | |

Example of AD-2052, FFAS Volunteer Program Report

This form is available electronically.

| | | | | | | |
|---|---|--|--|-----------|--|---------|
| AD-2052 (04-20-11) | U. S. DEPARTMENT OF AGRICULTURE Farm and Foreign Agricultural Services | 1. Fiscal Year 2. Requesting Agency (Check one): FAS <input type="checkbox"/> FSA <input type="checkbox"/> RMA <input type="checkbox"/> | | | | |
| FFAS VOLUNTEER PROGRAM REPORT (Report Control No. PE-176R) | | | | | | |
| FY Reporting dates of October 1 through March 31, complete the following: | | | | | | |
| PART A - MID-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) | | | | | |
| 5A. Name | 5B. Title | 5C. Telephone Number (Including Area Code) | | | | |
| 5D. Signature | | 5E. Date (MM-DD-YYYY) | | | | |
| PART B - MID-YEAR 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: | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%; text-align: center;">A. Female</td> </tr> <tr> <td></td> <td style="text-align: center;">B. Male</td> </tr> </table> | | A. Female | | B. Male |
| | A. Female | | | | | |
| | B. Male | | | | | |
| 3. Enter the number of volunteers who are Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.): | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%; text-align: center;">A. Female</td> </tr> <tr> <td></td> <td style="text-align: center;">B. Male</td> </tr> </table> | | A. Female | | B. Male |
| | A. Female | | | | | |
| | B. Male | | | | | |
| 4. Enter the number of volunteers, female or male, according to ethnicity: | | | | | | |
| Racial Category (Same as SF-181) | Definition of Category | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%; text-align: center;">A. Female</td> </tr> <tr> <td></td> <td style="text-align: center;">B. Male</td> </tr> </table> | | A. Female | | B. Male |
| | A. Female | | | | | |
| | B. Male | | | | | |
| (1) American Indian or Alaska Native | A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. | | | | | |
| (2) Asian | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. | | | | | |
| (3) Black or African American | A person having origins in any of the black racial groups of Africa. | | | | | |
| (4) Native Hawaiian or Other Pacific Islander | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. | | | | | |
| (5) White | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. | | | | | |
| 5A. Name | 5B. Title | 5C. Telephone Number (Including Area Code) | | | | |
| 5D. Signature | | 5E. Date (MM-DD-YYYY) | | | | |
| <p><small>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) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.</small></p> | | | | | | |

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

| | | |
|---|---|---|
| AD-2052 (04-20-11) | | Page 2 of 2 |
| FY Reporting dates of October 1 through September 30, complete the following: | | |
| PART C - ANNUAL YEAR REPORTING REQUEST | | |
| 1. Location | 2. Office Address <i>(Including Zip Code)</i> | |
| 3. Provide the total number volunteers who provided at least one hour of service during the current fiscal year <i>(Include Groups - group members should be counted individually)</i> | 4. Provide the total number hours donated <i>(Include Groups - group member hours should be counted individually)</i> | |
| 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 <i>(Optional)</i> | | |
| 8A. Name | 8B. Title | 8C. Telephone Number <i>(Including Area Code)</i> |
| 8D. Signature | | 8E. Date <i>(MM-DD-YYYY)</i> |
| 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: | | A. Female |
| 3. Enter the number of volunteers who are Hispanic or Latino <i>(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.):</i> | | B. Male |
| 4. Enter the number of volunteers, female or male, according to ethnicity: | | |
| Racial Category <i>(Same as SF-181)</i> | Definition of Category | A. Female |
| B. Male | | |
| (1) American Indian or Alaska Native | A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. | |
| (2) Asian | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. | |
| (3) Black or African American | A person having origins in any of the black racial groups of Africa. | |
| (4) Native Hawaiian or Other Pacific Islander | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. | |
| (5) White | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. | |
| 5A. Name | 5B. Title | 5C. Telephone Number <i>(Including Area Code)</i> |
| 5D. Signature | | 5E. Date <i>(MM-DD-YYYY)</i> |