

USDA Forest Service

AGREEMENT FOR INDIVIDUAL VOLUNTARY SERVICES
(Act of May 18, 1972, P.L.92-300, as amended)

1. Name (Print Last, First, Middle Initial)

2. Address (Street, City, State, ZIP Code)

3. Description of work to be performed:

4. All of the above described work will be noncompensable. Except as otherwise provided, I understand this service will not confer on me the status of a federal employee.

5. I understand that either the Forest Service or I may cancel this agreement at any time by notifying the other party. I hereby volunteer my services as described above to assist the Forest Service in its authorized work.

6. Signature (Volunteer)

7. Date

8. Signature of Parent or Guardian, if under 18 years of age

9. Date

ACCEPTANCE FOR THE FOREST SERVICE

The Forest Service agrees while this agreement is in effect to:

1. Reimburse you for necessary incidental expenses, to the extent funds are available, as follows:

Yes No

a. Subsistence Amount if yes: _____ Remarks: _____

b. Transportation Allowance Rate if yes: _____ Remarks: _____

c. Provide Lodging Remarks: _____

d. Other _____ Remarks: _____

2. Consider you as a federal employee for the purpose of tort claims and compensation for work injuries.

3. Authorize you to operate federal motor vehicles when necessary, provided you are licensed to operate a motor vehicle.

4. Signature

5. Title

6. Unit

7. Date

TERMINATION OF AGREEMENT

1. Agreement Terminated on *(Month, Day, Year)*

2. Signature *(Unit Manager/Staff Officer)*

3. Remarks:

All personal protective equipment will be provided by the District

ACCOMPLISHMENTS *(Optional)*

RESOURCE CATEGORY (a)	NIRP CODE (b)	UNIT OF MEASURE (c)	AMOUNT ACCOMP. (d)	HOURS CONTR. (e)	COST TO GOVT. (f)	APPRAISED VALUE (Dollars) (g)