

**Volunteer Services Agreement between
The U.S. Fish & Wildlife Service
Department of the Interior and**

(Name of Individual, Group or Educational Institution)

Address:

Phone:

Responsibilities

The volunteer and the Service will cooperate in the completion of projects specified below and in the attached volunteer job description. Volunteer conduct will be governed by the Department of the Interior Regulations Governing Responsibilities and Conduct. The Service will provide appropriate supervision, training and equipment for the volunteer for the completion of work assignments.

Service Unit and Location: _____

Supervisor: _____

Dates of volunteer service: _____

From _____ to _____

* Specific training: _____

* Personal equipment required: _____

* Reimbursable Expenses: _____

(*If not applicable, indicate N/A)

The volunteer (will/will not) _____ be required to supply his/her own transportation while performing assigned volunteer services.

The Government (will/will not) _____ supply housing.

Special Provisions

Tort Claims. For the purposes of the tort claim provisions in Title 28 of the U.S. Code, volunteers covered by this Agreement are considered to be Federal employees.

Injury Compensation. For the purpose of Subchapter I of Chapter 81 of Title 5 of the U.S. Code, volunteers covered by this Agreement are considered to be employees of the United States in terms of eligibility for compensation due to work related injuries.

Prohibited Activities. Volunteers will not be assigned active law enforcement duties or other duties restricted by permit or Service regulations or standards.

It is understood that volunteers are NOT considered to be Federal employees for any purpose other than tort claims and injury compensation. Volunteer service is not creditable for leave accrual or any other employee benefits.

Termination

This Agreement may be terminated by mutual agreement or by either party provided at least five working days notice is given.

Approved

(Individual Volunteer or Group Representative) Date: _____

(Educational Institute Representative, if applicable) Date: _____

(Volunteer Coordinator or Supervisor) Date: _____

Date of termination of volunteer service: _____

Check here if an evaluation of volunteer work is desired.

Please identify any physical or mental condition (including allergies and medication you are taking) which might affect your performance or which should be brought to the attention of the Fish and Wildlife Service to enable them to treat you in an emergency situation. Disclosure of this information will not disqualify you from volunteer service. (e.g., Are you a diabetic or epileptic; are you allergic to insect bites, chemicals, poison ivy, other?)

Name of person to contact in case of emergency _____

Address

Telephone No. (including area code) _____ home _____ office

Relation to you (e.g., mother, father, friend) _____