US Army Corps
of Engineers

AGREEMENT FOR INDIVIDUAL/GROUP VOLUNTEER SERVICES

(Act of July 30, 1983 Public Law 98-63)

_____
AREA

NAME/GROUP *(Type or Print Full Name)*	TELEPHONE NUMBER
ADDRESS *(Street, City, State and Zip Code)*	

Brief description of work to be performed, including minimum time commitment required. *(Attach complete job description.)*

I understand that I will not receive any compensation for the above work and that volunteers are NOT considered to be Federal employees for any purpose other than tort claims and injury compensation, and I understand that volunteer service is not creditable for leave accrual or any other employee benefits. I also understand that either the Corps of Engineers 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 Corps of Engineers in its authorized work.

_____ *(Signature of Volunteer)* _____ *(Date)*

We agree to obtain parental or guardian consent for each individual under 18 years of age and to comply with applicable child labor laws. We understand that the individuals volunteering under this agreement will not receive any compensation for the above work and that they will NOT be considered to be Federal employees for any purpose other than tort claims and injury compensation, and we understand that volunteer service is not creditable for leave accrual or any other employee benefits. We also understand that either the Corps of Engineers, or we, may cancel this agreement at any time by notifying the other party. We agree to provide the Corps of Engineers with a listing of active participants home address, and the number of hours each contributed, when and as requested.

_____ *(Signature of Group Representative)* _____ *(Date)*

The Corps of Engineers agrees, while this agreement is in effect, to provide such materials, equipment and facilities as are available and needed to perform the work described above, and to consider the individuals volunteering under this agreement as Federal employees only for the purpose of tort claims and compensation for work related injuries.

_____ *(Signature of Accepting Official)* _____ *(Date)*

ACCEPTANCE/TERMINATION OF AGREEMENT

_____ *(Signature of Accepting Official)* _____ *(Date)*