7-2269 (1-90) Bureau of Reclamation										
INDIVIDUAL VOLUNTEER SERVICES AGREEMENT										
1. Name of Volunteer (Print	or Type)	2. Telephone	2. Telephone (Include Area Code)							
3. Address (Street, City, Stat	e, Zip Coo	4. Date of Bir	4. Date of Birth							
5. Person to Notify in an Em	argangy	6 Palationshi	p to Volunteer							
3. I erson to Notify in an Em	ergency	0. Relationshi	o. Relationship to Volunces							
7. Address (Include Zip Cod	e)		8. Telephone	8. Telephone (Include Area Code)						
9. Description of Work to be Performed:										
BOR Supervisor				Title/Position		Phone				
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.										
I understand that either the Bureau of Reclamation 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 Bureau of Reclamation in its authorized work.										
Signature (Volunteer)		Date	Date							
Signature of Parent or Guard	lian, if Uno	der 18 Ye	Date							
		ACO	CEPTANCE FOR	THE BUREAU OF RI	ECLAMATION					
The Bureau of Reclamation	agrees whi	ile this arı	rangement is in effec	et to:						
Reimburse you for r	necessary i	incidental	expenses, to the ext	ent funds are available,	as follows:					
	Yes	No								
a. Incidentals			(Amount, If Yes) Remarks:							
b. Mileage			(Rate If Yes)	(Rate If Yes) Remarks:						
c. Provide Lodging			Remarks:							
d. Other										
		_								
2. Reimburse you for r	iccessary c	ехрепаса і	related to travel awa	y from assigned duty le	ecation.					
3. Consider you as a Federal employee only for the purposes of tort claims and compensation for work injuries.										
4. Authorize you to operate a Federal motor vehicle when necessary, provided you have been issued a U.S. Government - Motor Vehicle Operator's Identification Card.										
0:					OCT					
Signature					Office					
Title					Date					

7-2269 (1-90) Bureau of Reclamation		TERMINATION	OF AGREEMENT						
1. Agreement Terminated on (Month, Day, Year):			2. Signature (Volunteer Coordinator):						
3. Remarks:									
ACCOMPLISHMENT									
Work Category	Unit of Measure	Amount Accomplished	Hours Contributed	Cost to Government	Appraised Value (Dollars)				
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									