

NINDS SPECIAL VOLUNTEER PROGRAM SERVICE AGREEMENT

SECTION I: PERSONAL DATA

NAME: _____
ADDRESS: _____
PHONE NO.: _____
SSN: _____

SECTION II: ORGANIZATIONAL DATA

Program: _____
Lab/Branch: _____
Duty Station: _____
Supervisor: _____
Title: _____

SECTION III: ASSIGNMENT INFORMATION

Proposed Length of Assignment: From _____ To _____
(MM/DD/YY) (MM/DD/YY)

Statement of Services:

I certify that these services will not interfere with regular functions, needs, or work of this unit and that the volunteer possesses the appropriate qualifications to carry out the proposed services. Additionally, the acceptance of the services will not have an adverse impact on the employment or grade level of a Federal employee. The volunteer will be instructed in safety requirements, as appropriate, for the work area.

(Supervisor's Signature) (Date)

SECTION IV: CLEARANCES REQUIRED

1. Volunteer will be engaged in patient care activities? _____ Yes _____ No.
If yes, Clinical Director must sign and secure approval of NIH Medical Board.

Clinical Director's Signature (Date)

2. Volunteer will receive compensation from an NINDS or NIH grantee or contractor? _____ Yes _____ No: If yes, give name of sponsor, organization and amount of support.

Receives Grant directly from outside source or administered through FAES?
_____ Yes _____ No

(If from FAES, indicate FAES' source of funds and attach copy of approved "Request to FAES for Administration of Grant.")*

(Name of Sponsor & Organization) (Amount of Support)

3. Volunteer is employed by another organization _____ Yes _____ No
If yes, name of Employer _____ Position _____
Requisite Agreement Attached.

Administrative Officer's Signature

SECTION V: NINDS APPROVAL

Approval is granted for the acceptance of the volunteer services as described in this agreement.

(Director, NINDS) (Date)

*All "Requests to FAES for Administration of Grant" must receive prior approval of the Director, NINDS.