

**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.