



Department of Health and Human Services
OFFICE OF INSPECTOR GENERAL
OFFICE OF INVESTIGATIONS

Student Volunteer Service Agreement

Section I *Student Information*

1. Student's Name: _____
2. Major: _____
3. Academic Level: *freshman sophomore junior senior graduate student other:* _____
4. Grade Point Average (GPA): _____ (4.0 scale)
5. Educational Institution: _____
6. Proposed Location (Duty Station): _____
7. Proposed Dates of Service: _____
8. Proposed Hours per Week: _____

Section II *Educational Institution Certification*

This section is to be completed by a representative from career services, the degree program or internship coordinator.

I certify that _____ is a full-time/part-time (at least half-time) student in good standing and that an Health and Human Services (HHS) work assignment and scheduled hours of work are approved as appropriate for the course of study or training he/she is pursuing. The student (**will**) (**will not**) be given credit (academic or other) for the work assignment.

I understand that HHS will provide a record of the student's attendance and an evaluation of his/her performance to his/her Educational Institution when the work assignment is completed.

I will notify OI, by emailing OI.Internships@oig.hhs.gov , when the student is no longer enrolled on at least a half-time basis or when the student no longer satisfies the academic standards of the school. A student in good standing is defined, for the purpose of this instruction, as "an individual who continues to be enrolled and maintains an academic record which is satisfactory according to the standards of the educational institution."

Signature of Certifying Official

Date

Title

Educational Institution

Phone Number



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Section III *Volunteer Student Agreement*

I understand that:

1. I am to receive no pay for the services rendered;
2. I am to make all travel and living arrangements necessary prior to beginning the internship. I will be responsible for all personal travel and living expenses;
3. I am to maintain regular attendance at the OIG, OI during the hours arranged for placement. Absences must be reported to my supervisor or program coordinator;
4. I am to fulfill in a professional manner all the duties and responsibilities assigned by the supervisor;
5. I am considered to be a Federal employee only for the purposes of : (1) the Federal Tort Claims Act, which enables individuals (that are not Federal employees) who are injured by negligent or wrongful acts of Federal employees acting within the scope of their employment to submit claims for compensation for those injuries to the Federal Government (28 U.S. Code 2671-2680); and (2) compensation for injuries to Federal employees sustained during performance of work assignments (5 U.S. Code Chapter 81);
6. I am required to comply with all regulations governing: (1) protection of privacy in personnel records, (2) standards of conduct required by Executive Order 11222, and (3) availability of official information and disclosure. (See Title 5 C.F.R. Parts 297, 735, and 294 respectively.); and
7. I am to observe all rules of safety in the performance of my duties.

This agreement may be terminated at any time by me, my educational institution, or the HHS and a record of my attendance will be provided to me and my educational institution when my work assignment is completed.

Signature of Student

Date