

U.S. DEPARTMENT OF COMMERCE  
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION  
STUDENT VOLUNTEER SERVICE AGREEMENT

The Civil Service Reform Act of 1978, Public Law 95-454, Section 301 (5 U.S.C. 3111) authorizes Federal departments and agencies to accept volunteer service from certain students on behalf of the United States Government. The Department of Commerce requires that the terms of the volunteer service be agreed upon in writing by appropriate officials of the participating operating unit of the Department and the participating educational institution as well as by the student.

\* \* \* \*

This agreement is between the operating unit and the educational institution listed below hereinafter called the agency and the school.

NAME OF STUDENT VOLUNTEER: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EXPECTED PERIOD OF VOLUNTEER SERVICE: From \_\_\_\_\_ To \_\_\_\_\_

NAME OF OPERATING UNIT: \_\_\_\_\_

NAME OF EDUCATIONAL INSTITUTION: \_\_\_\_\_

The terms of this agreement are as follows:

- A. The student is enrolled not less than half time at an accredited school, is recommended by the school, and is acceptable to the agency.
- B. The student is nominated and selected without regard to consideration of race, color, national origin, religion, sex, marital status, or handicap condition.
- C. The student's service is to be uncompensated and will not be used to displace any employee or to staff a position which is a normal part of the agency's work force.
- D. The school will notify the agency contact, listed below, if the student terminates his/her enrollment at a school during the period of volunteer service or if the student will have more than five months between school years.

E. The student's work assignment shall be in the public interest and to the maximum extent possible, shall provide an appropriate educational experience for the student.

F. The student is not considered to be a Federal employee for any purposes other than injury compensation and laws related to the Federal Tort Claims Act.

G. The student does not earn annual and sick leave and is not entitled to retirement, health benefits, travel compensation, subsistence allowance, quarters, and any other reimbursement or payment in kind.

H. Nature of the volunteer assignment: *(Describe the work assignment, supervision to be provided, how attendance and performance records will be maintained, the requirement for the student to observe appropriate standards of conduct, etc)*

In consideration of the acceptance of my offer to serve as a volunteer student at the National Oceanic & Atmospheric Administration of the Department of Commerce, I hereby affirm that I will not expect nor demand any compensation for my service.

---

Signature

---

Date

---

Witness

I. The agency will establish an Official Personnel Folder for the student and will include Notification of Personnel Action and other documentation of the work assignment as specified by the U.S. Office of Personnel Management. (See the Federal Personnel Manual, Chapter 308, Subchapter 8-6).

J. The agency will provide evaluations or reports of the student's performance to the school as requested, subject to regulations governing (1) the protection of privacy in personnel records, and (2) the availability and disclosure of official information.

K. The school or the agency may terminate the agreement prior to the planned ending date of the volunteer assignment upon written notice to the other party.

---

(Signature of Agency Official)

---

(Date)

---

(Title)

---

(Name of Operating Unit)

---

(Signature of School Official)

---

(Date)

---

(Title)

---

(Name of School)

As a student volunteer, I agree that:

-I waive any and all claims for compensation from the Government of the United States from any service performed;

-I accept accountability for loss or damage to Government property caused by my negligence or willful action;

-My activities on the premises will at all times conform to the standard of conduct of the appointing office in which I shall work.

---

(Signature of Student Volunteer)

---

(Date)



## SPECIAL AGREEMENT CHECKS (SAC)

INV FORM 86C  
July 2010U.S. OFFICE OF PERSONNEL MANAGEMENT  
FEDERAL INVESTIGATIVE SERVICES

|                         |              |           |             |
|-------------------------|--------------|-----------|-------------|
| Agency Agreement Number | OPM USE ONLY | OPM Codes | Case Number |
|-------------------------|--------------|-----------|-------------|

## AGENCY USE ONLY (COMPLETE ITEMS I THROUGH 14)

|                                                         |            |                            |            |                           |          |
|---------------------------------------------------------|------------|----------------------------|------------|---------------------------|----------|
| 1. SUBJECT'S FULL NAME                                  |            |                            |            | 2. DATE OF BIRTH          |          |
| Last Name                                               | First Name | Middle Name                | Abbrev.    | Month                     | Day Year |
| 3. PLACE OF BIRTH - Use the 2 letter code for the state |            |                            |            | 4. SOCIAL SECURITY NUMBER |          |
| City                                                    | County     | State                      | Country    |                           |          |
| 5. OTHER NAMES AND DATES WHEN USED                      |            |                            |            |                           |          |
| Name                                                    |            | Month/Year                 | Month/Year | Name                      |          |
|                                                         |            | To                         | To         |                           |          |
| Name                                                    |            | Month/Year                 | Month/Year | Name                      |          |
|                                                         |            | To                         | To         |                           |          |
| 6. SEX (Mark one box)                                   |            | 7. SPECIAL AGREEMENT CODES |            | 8. POSITION TITLE         |          |
| Female Male                                             |            |                            |            |                           |          |
| 9                                                       | 10         | 11 IPAC-AIC NUMBER         |            | 12 ACCOUNTING DATA        |          |
| SON                                                     | SOI        |                            |            |                           |          |

## 13. OTHER INFORMATION REQUIRED BY AGREEMENT

(CODE S) Spouse/Cohabitant NACs - Complete if needed

|                                                      |            |             |            |                        |          |
|------------------------------------------------------|------------|-------------|------------|------------------------|----------|
| SPOUSE/COHABITANT'S FULL NAME                        |            |             |            | DATE OF BIRTH          |          |
| Last Name                                            | First Name | Middle Name | Abbrev.    | Month                  | Day Year |
| PLACE OF BIRTH - Use the 2 letter code for the state |            |             |            | SOCIAL SECURITY NUMBER |          |
| City                                                 | County     | State       | Country    |                        |          |
| OTHER NAMES AND DATES WHEN USED                      |            |             |            |                        |          |
| Name                                                 |            | Month/Year  | Month/Year | Name                   |          |
|                                                      |            | To          | To         |                        |          |
| Name                                                 |            | Month/Year  | Month/Year | Name                   |          |
|                                                      |            | To          | To         |                        |          |

(CODE E and 3) Credit Record - Complete if Needed. Fill in subject's address for every place lived for more than three months in the past 12 months. If additional space is needed, attach a continuation sheet to this form.

|                             |                |        |      |       |     |
|-----------------------------|----------------|--------|------|-------|-----|
| Month/Year to Month/Year to | Street Address | Apt. # | City | State | Zip |
| Month/Year to Month/Year to | Street Address | Apt. # | City | State | Zip |

(CODE I) Citizenship and Immigration information - Complete if Needed.

☐ Naturalized U.S. Citizen☐ U.S. Citizen or national by birth, born outside the U.S.☐ Not a U.S. Citizen

|                                                      |                 |                                                               |        |
|------------------------------------------------------|-----------------|---------------------------------------------------------------|--------|
| U.S. PASSPORT <i>current or most recent passport</i> |                 | ALIEN REGISTRATION NUMBER <i>(if applicable)</i>              |        |
| Number                                               | Document Number | Expired Y <input type="checkbox"/> N <input type="checkbox"/> | Number |

DOCUMENTATION OF U.S. CITIZENS BORN ABROAD (STATE DEPARTMENT FORM (FS) 240, DS 1350, FS 545, etc.) Report if applicable

|                         |                 |                   |
|-------------------------|-----------------|-------------------|
| Date form was completed | Document Number | Place of Issuance |
|-------------------------|-----------------|-------------------|

CITIZENSHIP CERTIFICATE *(if applicable)*

|                                               |       |                    |             |
|-----------------------------------------------|-------|--------------------|-------------|
| Where was this certificate issued? City/Court | State | Certificate Number | Date Issued |
|-----------------------------------------------|-------|--------------------|-------------|

NATURALIZATION CERTIFICATE *(if applicable)*

|                                               |       |                    |             |
|-----------------------------------------------|-------|--------------------|-------------|
| Where was this certificate issued? City/Court | State | Certificate Number | Date Issued |
|-----------------------------------------------|-------|--------------------|-------------|

IMMIGRATION STATUS *Place you entered the U.S.*

|               |                               |                             |
|---------------|-------------------------------|-----------------------------|
| City          | State                         | Country(ies) of citizenship |
| Date of entry | Type of document (I-94, etc.) | Document Number             |

(CODE N) Bureau of Vital Statistics - Complete if needed

|                    |                      |                    |
|--------------------|----------------------|--------------------|
| Mother's Full Name | Mother's Maiden Name | Father's Full Name |
|--------------------|----------------------|--------------------|

|                                       |           |                                        |      |
|---------------------------------------|-----------|----------------------------------------|------|
| 14 Requesting Official Name and Title | Signature | Telephone Number (including area code) | Date |
|---------------------------------------|-----------|----------------------------------------|------|



# Declaration for Federal Employment\*

(\*This form may also be used to assess fitness for federal contract employment)

Form Approved:  
OMB No. 3206-0182

## Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

## Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

**ROUTINE USES:** Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

## Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.



# Declaration for Federal Employment\*

Form Approved:  
OMB No. 3206-0182

(\*This form may also be used to assess fitness for federal contract employment)

## GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

2. **SOCIAL SECURITY NUMBER**

3a. **PLACE OF BIRTH** (Include city and state or country)

3b. **ARE YOU A U.S. CITIZEN?**

☐ YES ☐ NO (If "NO", provide country of citizenship)

4. **DATE OF BIRTH** (MM / DD / YYYY)

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc)

6. **PHONE NUMBERS** (Include area codes)

Day

Night

## Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959?

☐ YES

☐ NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System?

☐ YES (If "YES", proceed to 8.)

☐ NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

## Military Service

8. Have you ever served in the United States military?

☐ YES (If "YES", provide information below) ☐ NO

If you answered "YES," list the branch, dates, and type of discharge for all active duty.

If your only active duty was training in the Reserves or National Guard, answer "NO."

| Branch | From (MM/DD/YYYY) | To (MM/DD/YYYY) | Type of Discharge |
|--------|-------------------|-----------------|-------------------|
|        |                   |                 |                   |
|        |                   |                 |                   |
|        |                   |                 |                   |

## Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

☐ YES ☐ NO

10. Have you been convicted by a military court-martial in the past 7 years? (If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.

☐ YES ☐ NO

11. Are you currently under charges for any violation of law? If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

☐ YES ☐ NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.

☐ YES ☐ NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.

☐ YES ☐ NO



# Declaration for Federal Employment\*

Form Approved:  
OMB No. 3206-0182

(\*This form may also be used to assess fitness for federal contract employment)

## Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works. ☐ YES ☐ NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? ☐ YES ☐ NO

## Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

## Certifications / Additional Questions

**APPLICANT:** If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

**APPOINTEE:** If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I **certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I **understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment.** I **understand** that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I **consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I **understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)

17b. Appointee's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)

### Appointing Officer:

Enter Date of Appointment or Conversion  
MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

- 18a. When did you leave your last Federal job? \_\_\_\_\_  
DATE: MM / DD / YYYY
- 18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? ☐ YES ☐ NO ☐ DO NOT KNOW
- 18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. ☐ YES ☐ NO ☐ DO NOT KNOW

**NON-DISCLOSURE AGREEMENT  
FOR INTERNS & FELLOWS OF THE  
NOAA OFFICE OF GENERAL COUNSEL INTERNATIONAL SECTION**

I understand that, during the course of my work as a legal intern at the National Oceanic Atmospheric Administration ("NOAA" or "Agency"), Office of General Counsel ("OGC"), I may be given access to documents or information that may be protected by the attorney-client privilege, the attorney work-product privilege, or the deliberative process privilege; to documents or information that may be considered enforcement-sensitive or enforcement-confidential; to documents or information that may be protected by the Privacy Act of 1974, as amended; or to documents or information that may relate to the personal privacy of individuals.

I understand that such documents or information may be used only in connection with my duties as a paid summer legal intern, and that I may not copy, disclose, or release in any manner such documents or information without the prior written approval of Peter Oppenheimer, Chief of the International Section. I further agree that I will return all such documents or information to NOAA, whenever such documents or information are no longer required for the performance of my work assignments or upon termination of my duties as a paid summer law clerk.

Name (Printed or Typed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_