REQUEST FOR STUDENT VOLUNTEER SERVICE		
Conditions of Service: Under 5 USC 3111, a student volunteer is not a Federal employee for any purposes other than injury compensation and law		
related to the Tort Claims Act. Se	ervice is no creditable for leave or any other employee benefit	ts.
	STUDENT VOLUNTEER INFORM	ATION
Student Name:		
Date of Birth:		
Mailing Address:		
Phone Number:		
Educational		
Institution:		
Faculty POC (Name,		
phone, email):		
TO BE COMPLE	TED BY THE MANAGEMENT OFFICIAL RI	EQUESTING THE VOLUNTEER
Unit or Directorate:		
Supervisor Name and		
Position Title:		
Duty Location (Facility		
name or address):		
Volunteer's Hours and		
Days of Work:		
Requested Start Date:		
Requested End Date:		
Description of the Volunteer's Duties and Responsibilities:		
List of security, access,	and equipment requirements:	
Supervisor's		
Supervisors Signature/Date:		
Signature/Date.	TO BE COMPLETED BY THE COMMANDI	ER/DIRECTOR
Commander/Director's	TO BE COMILETED BY THE COMMAND	LIVBINECTOR
Name:		
Commander/Director's		
Recommendation:	Approve	Disapprove
Commander/Director's		
Signature:		
Signature.	TO BE COMPLETED BY HRO	\cap
SVSP Request is:	Approved	Disapproved
Approving Official		
Name/Title:		
Approving Official		
Signature:		