



# DOCUMENTATION of VOLUNTEER SERVICE

√LAST NAME	√FIRST	√MI

√SSN:

## CONDITIONS OF SERVICE

*For Student Volunteers:* 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. Service is not creditable for leave or any other employee benefits.

*For other volunteers:* Volunteer service is not creditable for leave or any other employee benefits.

Name of Organization: **Womack Army Medical Center**

Position  
Title: Student

Duty Location: Graduate Medical Education

Clinical days

Requested Start Date of Volunteer Service:

Statement of Duties and Responsibilities:

**SEE ATTACHED SCOPE OF PRACTICE**

## TO BE COMPLETED BY NOMINATING SUPERVISOR

I certify that the duties outlined above would not normally be performed by a technician and which will not replace the hiring of or result in the displacement of any technician.

Name and Title of Supervisor

**Tanya Sinclair  
GME Coordinator**

Signature

Date

Phone  
Number

## COMPLETION OF PERIOD OF VOLUNTEER SERVICE

Ending Date of Volunteer Service

Total Hours  
or Days

Name and Title of  
Supervisor Tanya Sinclair  
GME Coordinator

Signature

Date