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## NATIONAL DISASTER MEDICAL SYSTEM VOLUNTEER AGREEMENT

TEAM NAME \_\_\_\_\_

I, \_\_\_\_\_, offer to serve as a volunteer Federal employee to participate in the National Disaster Medical System (NDMS) within the Office of Public Health and Science (OPHS), Department of Health and Human Services (HHS), for response with an NDMS response team to provide emergency medical care as needed.

My services will be those of a \_\_\_\_\_.

In making this offer of my services, I agree and/or understand that I will:

1. Perform my volunteer services and activities under the general direction of NDMS sponsoring organization and approved or supervised by an appropriate Federal official.
2. Waive any claims for compensation from the Government of the United States for any services performed related to my volunteer assignment with NDMS.
3. Be subject to DHHS regulations concerning Standards of Conduct and Conflict of Interest. Copies of regulations are available from the NDMS response team leader.
4. Be eligible under the Federal Employees' Compensation Act, as amended (5 U.S.C. 8101 [1] [B]) to file for benefits for work-related injuries and/or illnesses that may arise and are directly related to the performance of my volunteer assignment.
5. Be eligible for coverage under the Federal Tort Claims Act, (28 U.S.C. 2671), for any damages or injuries that may arise from the performance of my volunteer assignment.
6. Be responsible for any cost or treatment of any illness or medical condition that is not directly related to the performance of my volunteer assignment.
7. Maintain a current health professional license, certification, or registration, as applicable.

I understand that my volunteer assignment may be terminated at any time by either party to this agreement.

\_\_\_\_\_  
(Signature of Volunteer)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Division of Personnel Operations - Parklawn  
Human Resources Service, PSC

\_\_\_\_\_  
(Date)

*Revised 10/2000*