WAGE CLAIM WAIVER
Against
Federal Agencies

Under the
Student Volunteer Service Program

I hereby acknowledge that no Agency of the University, States, or Government is responsible for the payment of any wages to me because of any work performed for the National Weather Service, U. S. Department of Commerce as part of the Student Volunteer Service Program. I agree that I will not make a claim against the United States Government of the National Weather Service for wages for my services.

_____ _____
Signature of Enrollee Date

_____
Street Address

_____ _____ _____
City State Zip Code

_____ _____
Witness Date

_____ _____
Witness Date

IMPORTANT:

All fields must be completed or we will be unable to process this form and/or delays may be expected in processing. You must have two witnesses sign and date this form.

Parent or guardian must sign for a minor youth.