

VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

1. VOLUNTEER AGREEMENT TYPE (choose one) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GROUP	2. IF GROUP, SELECT GROUP TYPE (choose from below): <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Business/Corporations</td> <td style="width: 50%; border: none;"><input type="checkbox"/> National Service</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> School/University/Education</td> <td style="border: none;"><input type="checkbox"/> Faith Based</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Fraternal Organizations</td> <td style="border: none;"><input type="checkbox"/> Youth Groups/Scouts</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Local/State/Tribal Government</td> <td style="border: none;"><input type="checkbox"/> Other</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Military/Veterans</td> <td></td> </tr> </table>	<input type="checkbox"/> Business/Corporations	<input type="checkbox"/> National Service	<input type="checkbox"/> School/University/Education	<input type="checkbox"/> Faith Based	<input type="checkbox"/> Fraternal Organizations	<input type="checkbox"/> Youth Groups/Scouts	<input type="checkbox"/> Local/State/Tribal Government	<input type="checkbox"/> Other	<input type="checkbox"/> Military/Veterans	
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<input type="checkbox"/> Military/Veterans											
3. NAME OF AGENCY/BUREAU	5. NAME OF INDIVIDUAL OR GROUP LEADER (Last, First, Middle)										
4. NAME OF VOLUNTEER GROUP (if applicable)	6. STREET ADDRESS, APT. #										
7. CITY, STATE, ZIP CODE	8. EMAIL ADDRESS										
9. PHONE Home: _____ Mobile: _____	10. Date of Birth										

INDIVIDUAL OR GROUP LEADER INFORMATION

11. CITIZENSHIP/RESIDENCY STATUS <input type="checkbox"/> U.S. Citizen or Legal Alien/Permanent Resident <input type="checkbox"/> Foreign National, list visa type _____	12. (Optional) ETHNICITY, RACE, GENDER: Multiracial respondents may select two or more races. This information will inform our understanding of diversity and inclusion among the volunteer force in the natural and cultural resource areas.	
12a. Ethnicity (Select one): <input type="checkbox"/> Hispanic, Latino, or Spanish origin <input type="checkbox"/> Not Hispanic, Latino, or Spanish origin	12b. Race (Select one or more, regardless of ethnicity): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other	12c. Are you a Veteran or Active Duty Military? Active Duty <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No 12d. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
12e. Gender (Check all that apply): <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to disclose		

EMERGENCY CONTACT INFORMATION OF INDIVIDUAL OR GROUP LEADER

13. NAME (Last, First, Middle)	14. PHONE Home: _____ Mobile: _____	15. EMAIL ADDRESS
16. STREET ADDRESS, APT. #	17. CITY, STATE, ZIP CODE	

PARENTAL OR LEGAL GUARDIAN CONSENT FOR VOLUNTEER UNDER AGE 18

18. PARENT OR LEGAL GUARDIAN (Last, First, Middle)	19. PHONE Home: _____ Mobile: _____	20. EMAIL ADDRESS
21. STREET ADDRESS, APT. #	22. CITY, STATE, ZIP CODE	

23. I affirm that I am the parent/guardian of the above named volunteer. I understand that the agency volunteer program does not provide compensation and that the service will not confer on the volunteer the status of a Federal employee. I have read the Volunteer Service Agreement in its entirety and give my permission for _____ to participate in the specified volunteer activity.

 (NAME OF YOUTH)

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24. **SIGNATURE OF PARENT OR LEGAL GUARDIAN (Required if under the age 18 years old)** **DATE**

25. **Description of service to be performed.** Provide a brief abstract of volunteer or service activity and the location of the volunteer activity, and attach description of service to be performed. Service description should include details such as time and schedule commitment, use of government vehicle, use of personal equipment and/or vehicle, skills and/or required trainings and certifications, level of physical activity required, etc. If this is a group agreement, the leader is to provide the group name and attach optional form 301b for each volunteer or a complete list of group participants.

26. **Check all that apply:**

<input type="checkbox"/> Description of service attached <input type="checkbox"/> Job hazard analysis / Risk management worksheet <input type="checkbox"/> List of group participants / Optional form 301b attached <input type="checkbox"/> Valid driver's license verified (if required)	<input type="checkbox"/> Background investigation <input type="checkbox"/> Reference check(s) <input type="checkbox"/> Scientist Emeritus (USGS only)
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VOLUNTEER (OR PARENT OR LEGAL GUARDIAN IF UNDER 18) & GROUP LEADER AFFIRMATION

27. I understand that I will not receive any compensation for the above service and that volunteers are NOT considered Federal employees except as required by law, e.g. tort claims and injury compensation.
 I understand that volunteer service is not creditable for leave accrual or any other employee benefits.
 I understand that either the government or I may cancel this agreement at any time by notifying the other party.
 I understand that my volunteer position may require a reference check, background investigation, and/or a criminal history inquiry.
 I understand that all publications, films, slides, videos, artistic, or similar endeavors, created as a result of my volunteer service as described in this agreement, will become the property of the United States, and as such, will be in the public domain and not subject to copyright laws.

I (or parent or legal guardian if under 18) do consent do not consent for the Agency to have free and unrestricted use of my likeness and voice in an image and/or video recording(s). I am aware that if used, they will be in the public domain and may appear on video, web, or printed media.

I understand the health and physical condition requirements for doing the work as described in this agreement and at the project location. I or group leader (or parent or legal guardian if under 18) do know do not know of any medical condition or physical limitation that may adversely affect the ability to provide this service.

If I do know of any medical condition or physical limitation impacting ability to perform service I have informed the Government Representative.

I do hereby volunteer my services as described above, to assist in authorized activities at _____ and I agree to follow all applicable safety guidelines. NAME OF PROGRAM / PROJECT SITE(S)

28. **SIGNATURE OF VOLUNTEER OR GROUP LEADER (OR PARENT OR LEGAL GUARDIAN IF UNDER 18)** **DATE**

The hosting agency or bureau agrees, while this agreement is in effect, to provide such materials, equipment, and facilities that are available and needed to perform the service described above.

GOVERNMENT REPRESENTATIVE COMPLETES THIS SECTION

29. AGENCY CONTACT NAME (Last, First, Middle)

30. AGENCY CONTACT EMAIL

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31. AGENCY CONTACT PHONE	32. ORGANIZATION CODE (USGS ONLY)
33. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input type="checkbox"/> No Type and Rate of Reimbursement:	34. VOLUNTEER POSITION/GROUP PROJECT TITLE
35. SIGNATURE OF AUTHORIZED OR DESIGNATED GOVERNMENT REPRESENTATIVE DATE	
TERMINATION OF AGREEMENT	
36. DATE AGREEMENT TERMINATED	
37. TOTAL HOURS COMPLETED	
38. SIGNATURE OF GOVERNMENT REPRESENTATIVE	39. AGREEMENT #

NOTICES**PRIVACY ACT STATEMENT****Authority:**

- 16 U.S.C. §1721 et. seq. – Public Lands Corps Act (PLC)
- 16 U.S.C. §4601 – Outdoor Recreation Authority
- 16 U.S.C. §558 a-d – Volunteers in the National Forests Program
- 16 U.S.C. §583j – Forest Foundation Volunteers
- 16 U.S.C. §1246 – Administration and development of national trails system
- 16 U.S.C. §1250 – Volunteer trails assistance
- 31 U.S.C. §3325 – Authorizes payment of vouchers
- 38 U.S.C. §4301 – The Uniformed Services Employment and Reemployment Rights Act
- 16 U.S.C. §1246(h)(1) – Agreements to Operate, Develop, and Maintain Portions of National Trails
- 54 U.S.C. §101702(a) Cooperative Agreements, Transfer of Service Appropriated Funds
- 54 U.S.C. §101702(b) Cooperative Agreements, Cooperative Research and Training Programs
- Presidential Memorandum -- Expanding National Service, July 15, 2013
- Department of the Interior Secretary Order No. 3333

Purpose: To allow eligible individuals to participate in sponsored volunteers and youth programs events, positions, and programs for federal agencies mandated to manage public natural and cultural resources.

Routine Uses: Participating federal agencies personnel will use this information to determine an individual's eligibility for placement, validate hours of service, and verify results of volunteer and youth related programs.

Disclosure: Furnishing this information is voluntary; however, failure to furnish this information may impede your reservation or program entry for programs offered by sponsor agencies.

PAPERWORK REDUCTION ACT STATEMENT

In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), the U.S. Department of Agriculture (USDA) and U.S. Department of the Interior (USDI) collect information necessary to manage the security, safety, reporting, recruitment, placement, training, on boarding, benefits, and experience of volunteers and related youth programs. Information requested in this form is purely voluntary. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. OMB has approved this collection of information and assigned Control No. 1093-0006.

ESTIMATED BURDEN STATEMENT

We estimate public reporting for this collection of information to average 15 minutes, including time for reviewing instructions, gathering and maintaining data and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of the information collection to the Information Collection Clearance Officer, U.S. Department of the Interior, 1849 C Street, NW (OCIO-PPMD), Washington, DC 20240.

NOTICE TO PROGRAM PARTICIPANTS

By signing this application, the program participants (s) understand(s) s/he may be subject to a reference check, background check, and/or criminal history inquiry. Volunteers are not considered Federal employees for any purposes other than tort claims and injury compensation as per agency guidelines. Volunteers and related program participants are encouraged to verify with local sites all working conditions. Volunteer service is not creditable for leave accrual or any other benefit. However, volunteer service is creditable work experience.

The federal government prohibits discrimination in all programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs (i.e. youth programs may have age limits by law). To file a complaint of discrimination, write DOI, Director, Office of Civil Rights, 1849 C Street, NW, Mail Stop 4359, Washington, District of Columbia, 20240, Voice (202)-208-5693 FedRelay: 800-877-8339. Fax: 202-208-6112. The Federal Relay Service (FedRelay) allows individuals who are deaf, hard-of-hearing, deaf/blind, or have speech disabilities to have equal communication access. Calls are relayed using specially trained Communications Assistants.

VOLUNTEER EMERGENCY CONTACT INFORMATION

This information is confidential and will be kept confidential. Necessary information will be shared only with appropriate Forest Service and/or medical personnel on an as-needed basis.

VOLUNTEER'S NAME:

VOLUNTEER POSITION:

SUPERVISOR/CREW LEADER:

HOME ADDRESS:

PHONE:

MEDICAL INSURANCE:

ALLERGIES:

In case of Emergency, please notify the following:

RELATIONSHIP	NAME	ADDRESS	PHONE/CELL	E-MAIL

USDA Forest Service

Model Release Form

I do hereby grant permission to the US Forest Service full and free use of video/photographs containing my image/likeness.

I hereby release, discharge, and hold harmless the USDA Forest Service any and all claims, demands, or causes of action that I may hereafter have by reason of anything contained in the photograph or video.

I do further certify that I am of legal age, or possess full legal capacity to execute the foregoing authorization and release.

Name (please print) _____

Guardian's Name _____

Signature _____

Home address _____

Parent's name and address (if different from home address)

