**Please read, check, and sign the below Volunteer Form prior to the volunteer event. If you are under the age of 18 you will need to fill out OF 301a with parent signature and contact info. Bring the appropriate form with you and give to NPS Ranger the day of the event. Thank you.**

Under 43 C.F.R. § 20.511, Departmental volunteers in the course of their official duties are prohibited from possessing firearms on property under control of the Department. Because of the stated purpose of the sponsors of Section 512 to provide uniformity under applicable state law from bureau-to-bureau, the potential liability issues that could result, and the absence of any criminal penalties applicable to this regulation, this Departmental policy continues to apply to all NPS/FWS employees and volunteers during their official duties. Volunteers who are not on official duty may possess firearms on Departmental lands under the same conditions applicable to members of the general public, according to P.L. 111-24, Section 512. For this purpose, volunteers are considered the same as other employees when engaged in their official activities.

I understand that I will not receive any compensation for the above service and that volunteers are NOT considered Federal employees for any purpose other than tort claims and injury compensation. I understand that volunteer service is not creditable for leave accrual or any other employee benefits. I also 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 in order for me to perform my duties.

I understand that all publications, films, slides, videos, artistic or similar endeavors, resulting from my volunteer services as specifically stated in the attached job description, will become the property of the United States, and as such, will be in the public domain and not subject to copyright laws.

I understand the health and physical condition requirements for doing the work as described in the job description and at the project location, and certify that the statement I have checked below is true:

o I know of no medical condition or physical limitation that may adversely affect my ability to provide this service.

o I do know of a medical condition or physical limitation that may adversely affect my ability to provide this service and have explained it to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Agency Official)

I do hereby volunteer my services as described above, to assist in agency-authorized work. I agree to follow all applicable safety guidelines.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Volunteer) (Date)

The above - named agency agrees, while this arrangement is in effect, to provide such materials, equipment, and facilities that are available and needed to perform the service described above, and to consider you as a Federal employee only for the purposes of tort claims and injury compensation to the extent not covered by your volunteer group, if any.

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(Signature of Government Representative) (Date)