

Volunteer Services Agreement for Natural Resources Agencies for Individuals or Groups

Please print when completing this form (Attach a separate sheet for those data that do not fit in the allowed spaces).

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|---|---------------|--|------------------------|-----|
| Site Name/Project Leader Cuyahoga Valley National Park | | Agency NPS | Reimbursement (if any) | |
| Name of Volunteer OR Group Leader – Last, First, Middle | | Age (If Individual Agreement) <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-55 <input type="checkbox"/> 56 and Older | | |
| Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Visa Type | Email Address | Home Phone | Mobile Phone | |
| Street Address | | City | State | Zip |

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|---|--|------------|--------------|---------------|
| IF VOLUNTEER IS UNDER AGE 18 – Name of Parent or Legal Guardian | | Home Phone | Mobile Phone | Email Address |
| Street Address | | City | State | Zip |

I affirm that I am the parent/guardian of the above named volunteer. I understand that the agency volunteer program does not provide compensation, except as otherwise provided by law; and that the service will not confer on the volunteer the status of a Federal employee. I have read the attached description of the service that the volunteer will perform. I give my permission

for _____ to participate in the specified volunteer activity sponsored
by _____ at _____
(Name of Sponsoring Organization, if applicable) (Name of Volunteer Duty Station)

From _____ to _____
(Date) (Date) (Parent/Guardian Signature) (Date)

| | | | |
|------------------------|------------|--------------|---------------|
| Emergency Contact Name | Home Phone | Mobile Phone | Email Address |
| Street Address | City | State | Zip |

GOVERNMENT OFFICIAL COMPLETES THIS SECTION

Description of service to be performed.

Habitat Restoration: Drop-in vegetation volunteers will work under the supervision of Resource Management Staff or Experienced Volunteers in one of four areas: Exotic Plants: volunteer will control invasive plants using hand pulling, clippers, loppers, folding saws, weed wrenches. Seed Collection: volunteers will collect seeds by hand, with clippers, or sickles. Plant Installation: volunteer will install plants using shovels, trowels, wheelbarrows and other appropriate tools. Nursery: volunteers assist with up-potting, seed sowing, weeding, and watering using clippers and trowels.

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.

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| Government Vehicle required? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Valid State Driver's License <input type="checkbox"/> International Driver's License |
| Personal Vehicle to be used? <input type="checkbox"/> Yes <input type="checkbox"/> No | Please verify that the volunteer is in possession of one of these documents. DO NOT keep a copy of the document for his/her file. |

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:

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

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.

(Signature of Government Representative)

(Date)

Termination of Agreement

Volunteer requests formal evaluation Yes No

Evaluation Completed _____
(Date)

Agreement terminated on _____
(Date)

(Signature of Government Representative)

Public Burden Statement

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 valid OMB control number. The valid OMB control number for this information collection is 0596- 0080. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) and U.S. Department of the Interior (USDI) prohibit 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.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA and USDI are equal opportunity providers and employers.

Privacy Act Statement

Collection and use is covered by Privacy Act System of Records OPM/GOVT-1 and USDA/OP-1, and is consistent with the provisions of 5 USC 552a (Privacy Act of 1974), which authorizes acceptance of the information requested on this form. The data will be used to maintain official records of volunteers of the USDA and USDI for the purposes of tort claims and injury compensation. Furnishing this data is voluntary, however if this form is incomplete, enrollment in the program cannot proceed.



Volunteer Position Safety Analysis

Division: Resource Management

Volunteer Position: Habitat Restoration: Drop-in Vegetation Volunteer

Direct Supervisor(s): Chris Davis or Andrew Bishop

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| Required Standards and General Notes: | Work will involve crouching, bending over and light lifting. |
| Required Personal Protective Equipment: | Sturdy waterproof hiking boots are required; long-sleeve shirt and pants to reduce scratches from plants & insect bite/poison ivy risks are optional. Insect repellent, poison ivy block, & first aid kit also recommended. |
| Tools and Equipment: | Hand clippers, loppers, folding saws, shovels, sickles, weed wrenches, hammers, cordless drills, and other hand tools |

| Sequence of Job Steps | Potential Hazards | Safe Action or Procedure |
|------------------------------|--|--|
| All Duties | Tripping, heat related illness, back strain from bending/lifting, wet feet, blisters, insect bites, poison ivy & other plants (i.e. nettles, roses, barberry etc) that could scratch or irritate exposed skin. | Wear sturdy well fitted waterproof boots. Wear long pants and long sleeves. Dress for the weather. Lift using leg muscles; haul weight that is comfortable, make as many trips as necessary to set up and take down. Wear work gloves. Bring adequate drinking water, and drink it frequently. Rest as needed. Use insect repellent & poison ivy guard. Upon return thoroughly wash exposed areas & treat all scratches with appropriate first aid. After exposure to poison ivy, wash thoroughly with cold water and Tech-nu. |

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| All duties | Insect bites and stings | Avoid use of perfumed cosmetics and personal care items. Wear insect repellent. Pay attention to insect behavior (i.e. swarming) that may indicate presence of nest & avoid area. |
| Using hand tools | Injury due to misuse of tools and/or injury to other crew members | Handle/carry all tools safely at all times. Maintain appropriate spacing from other workers. Be aware of surroundings and activities at all times. |
| Hiking to and from sites | Normal environmental hazards associated with on and off trail hiking: uneven surfaces, downed trees, slippery logs and soil, mud, standing water, loose leaves, steep slopes, rocks, and other natural or manmade hazards which may be encountered. | Move at speeds reasonable for conditions. Wear sturdy well fitted waterproof boots. Exercise care in crossing logs or other obstructions. Avoid hazards by taking alternative routes. Pay attention to stream/river edges that can be loose. Never proceed if it appears to be dangerous |
| Installing Plants | When installing plants, open pits present a tripping/falling hazard. | Move at speeds reasonable for conditions. Wear sturdy well fitted waterproof boots. Do not leave holes open for extended periods of time Take care to set tools down in a safe and clearly visible location. |
| Cutting Shrubs | Uncontrolled falling of limbs may cause harm to self and others. | Be aware of the lean of the branch/stem and estimate its likely path. Do not fall a branch or stem that will strike nearby workers. Notify others when completing a cut. |