Volunteer Services Agreement for Natural Resources Agencies

for Individuals or Groups

Please print when completing this form

Site Name	Agency		Reimbursement *(if any)*
Name of Volunteer or Group Leader – Last, First, Middle	Home Phone	Cell Phone	Email Address
Street Address	City	State	Zip

IF VOLUNTEER IS UNDER AGE 18 – Name of Parent or Guardian	Home Phone	Cell 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 work 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	Cell Phone	Email Address
Street Address	City	State	Zip

GOVERNMENT OFFICIAL COMPLETES THIS SECTION

Brief description of work to be performed. *Include details such as minimum time commitment required, use of personal equipment, use of government vehicle, etc. Attach the complete job description to this form. If this is a group agreement, the leader is to provide the group name, a complete list of group participants to be attached to this form, and parental approval (above) completed for each volunteer under the age of 18.*

Government Vehicle required? ☐ Yes ☐ No

Personal Vehicle to be used? ☐ Yes ☐ No

☐ Valid State Driver's License ☐ International Driver's License

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 work 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 background investigation 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 do hereby volunteer my services as described above, to assist in agency-authorized work.

_____ _____

(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 work described above, and to consider you as a Federal employee only for the purposes of tort claims and injury compensation.

_____ _____

(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)*

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