VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

1. ☐ INDIVIDUAL	2. ☐ GROUP
3. NAME OF AGENCY	4. AGREEMENT #
5. NAME OF VOLUNTEER (First, Last)	6. U.S. CITIZEN OR PERMANENT RESIDENT ☐ Yes ☐ No, list visa type_____
7. NAME OF GROUP	8. NAME OF GROUP CONTACT (First, Last)
9. STREET ADDRESS	10. CITY, STATE, ZIP CODE

11. EMAIL ADDRESS	12. PHONE Home: Mobile:	13. AGE ☐ Under 15 ☐ 15 - 18 ☐ 19 - 25 ☐ 26 - 35 ☐ 36 - 54 ☐ 55 and Older

14. **ETHNICITY & RACE (Optional):** Please report both ethnicity and race and tell us if you are a veteran or have a disability. 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.

14a. **Ethnicity** (Select one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino	14b. **Race** (Select one or more, regardless of ethnicity): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaiian or Other Pacific Islander	14c. Are you a Veteran? ☐ Yes ☐ No 14d. Do you have disability? ☐ Yes ☐ No

EMERGENCY CONTACT INFORMATION

15. NAME (Last, First)	16. PHONE Home: Mobile:	17. EMAIL ADDRESS
18. STREET ADDRESS	19. CITY, STATE, ZIP CODE	

GOVERNMENT OFFICIAL COMPLETES THIS SECTION

20. AGENCY CONTACT NAME (Last, First)	21. AGENCY CONTACT EMAIL & PHONE
22. REIMBURSEMENTS APPROVED: ☐ Yes ☐ No Type and Rate of Reimbursement:	23. VOLUNTEER POSITION/GROUP PROJECT TITLE:

24. **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 required (note certifications if necessary), level of physical activity required, etc. If this is a group agreement, the leader is to provide the group name and attach a complete list of group participants or optional form 301b for each volunteer.

VOLUNTEER/SERVICE ACTIVITY ABSTRACT

25. **Check all that apply:** ☐ Description of service attached ☐ List of group participants/optional form 301b attached
☐ Job Hazard Analysis ☐ Valid Driver's License Verified (if required)

PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18

26. PARENT OR LEGAL GUARDIAN (First, Last)	27. PHONE Home: Mobile:	28. EMAIL ADDRESS
29. STREET ADDRESS	30. CITY, STATE, ZIP CODE	

31. 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.
(NAME OF YOUTH)

32. Parent/Guardian Signature | Date

VOLUNTEER & GROUP LEADER AFFIRMATION

33. 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 statements I have checked below are true:

☐ I or group leader know of no medical condition or physical limitation that may adversely affect my or members of the group ability to provide this service. If a group see attached OF301b.

☐ I or a member of the group have a medical condition or physical limitation that may adversely affect my ability to provide this service and have informed the Government Representative. If a member of a group see attached OF301b.

☐ I or group member do not consent to being photographed or to the release of my photographic image. If a member of a group see attached OF301b.

I do hereby volunteer my services as described above, to assist in authorized activities at _____ and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group.
(NAME OF FEDERAL AGENCY)

34. Signature of Volunteer or Group Leader | 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, liability and injury compensation to the extent not covered by your volunteer group, if any.

35. Signature of Government Representative | Date

TERMINATION OF AGREEMENT

36. Agreement Terminated Date: | Total Hours Completed:

37. 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. USDA, DOI, DOC and DOD 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.

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.