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).

Site Name/Project Leader	Agency	Reimbursement *(if any)*
Name of Volunteer or Group Leader – Last, First, Middle	Age (If Individual Agreement) ☐ Under 18 ☐ 18-25 ☐ 26-55 ☐ 56 and Older	

Are you a U.S. Citizen? ☐ Yes ☐ No Visa Type	Email Address	Home Phone	Mobile Phone
Street Address	City	State	Zip

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. *Include details such as time and schedule commitment, use of personal equipment, government vehicle, skills required (note certifications if necessary), level of physical activity required, etc. Attach the complete job description and job hazard analysis 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 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)*

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