OMB 0596-0080

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| **VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES** | | | | | | | |
| 1.  INDIVIDUAL | | | | | 2.  ~~GROUP~~ | | |
| 3. NAME OF AGENCY: National Park Service, YOSE | | | | | | 4. AGREEMENT # (n/a) | |
| **5.**  NAME OF VOLUNTEER (Last, First) **(YOUTH’S NAME)** | | | | | | 6. U.S. CITIZEN OR PERMANENT RESIDENT  ~~Yes~~  ~~No, list visa type\_~~\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 7. NAME OF GROUP  Ad-hoc / Event group – Volunteer Drop-In Program | | | | | 8. NAME OF GROUP CONTACT (First, Last)  Claire, Finn (NPS) | | |
| 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?YesNo |
| **EMERGENCY CONTACT INFORMATION *(only if different from parent info on page 2)*** | | | | | | | |
| 15. NAME (Last, First)  (If same a parent, see page 2) | | | 16. PHONE  Home:  Mobile: | | | 17. EMAIL ADDRESS | |
| 18. STREET ADDRESS | | | 19. CITY, STATE, ZIP CODE | | | | |
| **GOVERNMENT OFFICIAL COMPLETES THIS SECTION *\*\*\*\* Supervisor Completes this Section \*\*\*\**** | | | | | | | |
| 20.AGENCY CONTACT / *Supervisor* NAME (Last, First)  Claire Finn, VIP Office | | | | 21. AGENCY CONTACT / *Supervisor* EMAIL & PHONE  [Claire\_finn@partner.nps.gov](mailto:Claire_finn@partner.nps.gov), (209) 379-1850 | | | |
| **22.** REIMBURSEMENTS APPROVED: Yes  No  Type and Rate of Reimbursement: | | | | **23.** VOLUNTEER ~~POSITION TITLE /~~GROUP PROJECT *and Project #:*  *#\_\_\_\_, Drop-In Volunteer Program 2016* | | | |
| 24. **Description of service to be performed.**  *Location: Yosemite Valley or Tuolumne Meadows*  *Volunteer will assist the Resources Mgmt & Science and Facilites division staff with a variety of tasks related to managing the natural and/or cultural resources in Yosemite National Park. The tasks will vary depending on the needs of the volunteer program throughout the year. Typical projects in the past have included removing invasive plants, restoring habitat, planting native plants, and removing conifers encroaching on meadows, and litter pick up.*  *Volunteers must perform all tasks in a safe manner using the appropriate tools for the task and wearing the necessary personal protective gear required for the task. Care must be exercised when working on/off-trail and/or near rivers/streams.*  *Work will take place outdoors and working conditions will be variable. Volunteers should dress appropriately for the work & weather, including work gloves, long pants, long sleeved shirt, eye protection, and sturdy shoes/boots etc. Work typically involves hiking over uneven, potentially rocky &/or wet, slippery terrain. Potential hazards include exposure to scratchy or thorny vegetation, irritating vegetation (i.e. poison oak), biting or stinging insects, snakes, wildlife, allergens (i.e. pollen, dust, etc) and other hazards typical of outdoor work environments. Moderate to strenuous physical exertion may be required, potentially at high elevation. Volunteer should drink plenty of water to avoid dehydration, protect against exposure to elements (i.e. sunscreen, hat, protective clothing) and take breaks as necessary. Work may involve crouching, bending over, and lifting (proper bending and lifting technique must be used by volunteer). Project may require ability to lift up to 40 pounds or 1/3 body weight (whichever is less). For projects involving tools, equipment should be handled in a safe manner at all times. Volunteer should be aware of safety rules pertaining to the equipment utilized and maintain a “safety circle” when using tools. Damaged or unsafe equipment should be reported to the work leader(s).*  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) | | | | | | | |

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| **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 \_***Yosemite National Park, NPS***\_\_\_ and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group. (NAME OF FEDERAL AGENCY)** | | | | | |
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| 34.Signature of Volunteer ~~or Group Leader~~  (**signature of parent again)** | | | | | 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 *(Supervisor)* | | | | | Date |
| **TERMINATION OF AGREEMENT** *(completed by Volunteer Office at end of volunteer service)* | | | | | |
| ~~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. | | | | | |

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