

Volunteer Services Agreement for Natural Resources Agencies

for Individuals or Groups

Please print when completing this form

Site Name	Agency	Reimbursement <i>(if any)</i>	
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	Zi

_____ *(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)*

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.*

Volunteers will work in the annual Washington Coastal Clean-up this event involves hiking on the Pacific coast, picking up marine debris and transporting debris to collection points. Volunteers may have to walk over steep terrain, slippery boardwalks, or other uneven terrain and will work in outdoor conditions and will be exposed to all types of weather conditions including biting insects and stinging plants. Volunteers should wear closed toes shoes, long pants and long sleeve shirts. All volunteers must register at a check in location, and those staying in ONP wilderness must obtain a wilderness permit and follow the rules and regulations.

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.

See attached position description. (You can fill in more info here or you can, as suggested, attach the volunteer's position description to the agreement.)

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.	

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 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.