

EXAMPLE

OMB Control Number 1093-0006
Expiration Date 10/31/2024

VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

1. VOLUNTEER AGREEMENT TYPE (Choose 1) <input checked="" type="checkbox"/> Individual OR <input type="checkbox"/> Group		2. NAME OF GROUP (if applicable) At large NCTA member	
3. NAME OF VOLUNTEER OR GROUP LEADER COMPLETING FORM (Last, First) Jones, Susie		4. U.S. CITIZEN OR PERMANENT RESIDENT <input checked="" type="checkbox"/> Yes, I am a U.S. citizen or Permanent Resident <input type="checkbox"/> No, I am not a US Citizen or Permanent Resident (if applicable, list visa type _____)	
5. STREET ADDRESS, APT # 123 main St	6. CITY Lowell	7. STATE mi	8. ZIP CODE 49331
9. DATE OF BIRTH 4/5/67	10. PHONE 891-123-4567	11. EMAIL ADDRESS ilovehiking@yahoo.com	
12. DEMOGRAPHIC INFORMATION (Optional): Please indicate 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.			
12a. Ethnicity (Select one): <input type="checkbox"/> Hispanic, Latino, or Spanish Origin <input checked="" type="checkbox"/> Not Hispanic, Latino, or Spanish Origin	12b. Race (Select one or more, regardless of ethnicity): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White	12c. Are you a Military Veteran or Active Duty Military? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 12d. Do you have a disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMERGENCY CONTACT INFORMATION			
13. NAME (Last, First) Jones, Joe	14. PHONE 923-456-7891	15. EMAIL ADDRESS ilovehikingtoo@yahoo.com	
16. STREET ADDRESS, APT # 123 Main St	17. CITY Lowell	18. STATE mi	19. ZIP CODE 49331
GOVERNMENT OFFICIAL COMPLETES THIS SECTION			
20. NAME OF AGENCY/ BUREAU National Park Service North Country National Scenic Trail	21. AGREEMENT #		
22. AGENCY CONTACT NAME (Last, First) Loiseau, Nicole	23. AGENCY CONTACT EMAIL & PHONE nicole_loiseau@nps.gov / 616-302-9842		
24. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type and Rate of Reimbursement: **Only if identified in PD**	25. VOLUNTEER POSITION/GROUP PROJECT TITLE: North Country Trail VIP (Refer to position description)		
26. 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.			
VOLUNTEER/SERVICE ACTIVITY ABSTRACT			
POSITION DESCRIPTIONS I have read and received a copy of the volunteer service position description(s) for the following position(s) for which I would like to serve. (Check all that apply.) <input type="checkbox"/> Administrative Volunteer <input checked="" type="checkbox"/> Trail Construction and Maintenance <input type="checkbox"/> Sawyer Volunteer <input type="checkbox"/> Swamper Volunteer <input type="checkbox"/> Trail Support Volunteer		JOB HAZARD ANALYSES I have reviewed the following job hazard analyses (JHA) and I understand the hazards and required precautionary actions. I will follow the requirements of the hazard analysis or notify the NPS volunteer program manager if I am unable to do so. (Check all that apply.) <input type="checkbox"/> Administration <input type="checkbox"/> Chainsaw Operations <input type="checkbox"/> Crosscut Saws <input checked="" type="checkbox"/> Personal Safety <input checked="" type="checkbox"/> Trail Construction and Maintenance	
27. Check all that apply: <input checked="" type="checkbox"/> Description of service attached <input type="checkbox"/> OF-301b Volunteer Sign-up Form for Groups attached <input checked="" type="checkbox"/> Risk Assessment attached <input type="checkbox"/> Valid Driver's License required <input type="checkbox"/> Background Investigation required <input type="checkbox"/> Medical Clearance Required <input type="checkbox"/> Other:			

PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18			
28. NAME	29. PHONE	30. EMAIL ADDRESS	
31. STREET ADDRESS, APT #	29. CITY	30. STATE	31. ZIP CODE
32. I affirm that I am the parent/guardian of the abovenamed 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.			
33. (NAME OF YOUTH)			
34. Parent/Guardian Signature		Date	
VOLUNTEER & GROUP LEADER AFFIRMATION			
35. <input checked="" type="checkbox"/> I understand that I will not receive any compensation for the above service and that volunteers are NOT considered Federal employees except as otherwise provided by law. 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. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> I understand the health and physical condition requirements for doing the work as described in the job description and at the project location. <input checked="" type="checkbox"/> I know of no medical condition or physical limitation that may adversely affect my (or members of the group's) ability to provide this service. (If a group, see attached OF-301b) <input checked="" type="checkbox"/> I consent to being photographed and to the release of my photographic image. (If a group, see attached OF-301b)			
I do hereby volunteer my services as described above, to assist in authorized activities at <u>North Country National Scenic Trail</u> and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group. (NAME OF FEDERAL AGENCY)			
36. Signature of Volunteer or Group Leader <i>Suzanne Jones</i>		Date <u>11/1/21</u>	
The abovenamed 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.			
37. Signature of Government Representative		Date	
TERMINATION OF AGREEMENT			
38. Agreement Terminated Date:		Total Hours Completed:	
39. Signature of Government Representative:			
PUBLIC BURDEN STATEMENT			
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