Volunteer Services Ag for Individuals or Groups	greement for Natura	al Resources	Agenci	es	
Please print when completing this fo	rm (Attach a separate sheet for	those data that do n	ot fit in the all	owed spa	aces).
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
	therwise provided by law; and tached description of the service	that the service will e that the volunteer to participate	not confer of will perform. I	n the vol give my ed volunt	unteer the status of a permission teer activity sponsored
From to	(Parent/Guardian S	Parent/Guardian Signature) (Date)			
Emergency Contact Name		Home Phone	Mobile Phone Email A		Email Address
Street Address		City	Sta		Zip
G	OVERNMENT OFFICIAL CO	MDI ETES THIS	SECTION		
Description of service to be perf government vehicle, skills required description and job hazard analysis of group participants to be attached	(note certifications if necessary) to this form. If this is a group ag	s time and schedul , level of physical a reement, the leader	e commitmer ctivity require is to provide t	d, etc. Ai the group	ttach the complete job name, a complete list
Government Vehicle required? Personal Vehicle to be used?	□ Ves □ No Please vei	I State Driver's Licer if that the volunteer is	in possession	of one of	nal Driver's License these documents.

I understand that I will not receive any compensation for the above semployees for any purpose other than tort claims and injury compensional eave accrual or any other employee benefits. I also understand that time by notifying the other party.	sation. I understand that volunteer service is not creditable for
I understand that my volunteer position may require a reference checorder for me to perform my duties.	ck, background investigation, and/or a criminal history inquiry in
I understand that all publications, films, slides, videos, artistic or simi specifically stated in the attached job description, will become the prodomain and not subject to copyright laws.	
I understand the health and physical condition requirements for doing location, and certify that the statement I have checked below is true:	g the work as described in the job description and at the project
I know of no medical condition or physical limitation that may ad	versely affect my ability to provide this service.
I do know of a medical condition or physical limitation that may a explained it to	adversely affect my ability to provide this service and have
(Name of Agency	Official)
I do hereby volunteer my services as described above, to assist in ac guidelines.	gency-authorized work. I agree to follow all applicable safety
(Signature of Volunteer)	(Date)
The above - named agency agrees, while this arrangement is in effer available and needed to perform the service described above, and to tort claims and injury compensation to the extent not covered by you	consider you as a Federal employee only for the purposes of
(Signature of Government Representa	tive) (Date)
Termination of Agreement	
Volunteer requests formal evaluation Yes No	Evaluation Completed
voidings: requests formal evaluation res 140	(Date)
Agreement terminated on	
(Date)	(Signature of Government Representative)

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