

Volunteer Services Agreement for Natural Resources Agencies

for Individuals or Groups- Please complete Green boxes

Please print when completing this form

Name of Volunteer or Group Leader – Last, First, Middle		Agency-Site Name/Project Leader U.S. Forest Service at Midwin/ See Attachments		Reimbursement <i>(if any)</i> Not Applicable
Group Name <i>(if applicable)</i>		Age <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-55 <input type="checkbox"/> 56 and Older		
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (Visa Type)	Preferred Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Email Address		
Street Address		City	State	Zip

IF VOLUNTEER IS UNDER AGE 18 – Name of Parent/ Legal Guardian	Home Phone	Mobile Phone	Email Address
Street Address (If different than above)	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 Midwin National Tallgrass Prairie
(Name of Group, if applicable) *(Name of Volunteer Duty Station)*

From _____ to _____
(Date) *(Date)* *(Parent/Guardian Signature)* *(Date)*

Emergency Contact Name	Email Address	Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Street Address (if different than above)	City	State Zip

GOVERNMENT OFFICIAL COMPLETES THIS SECTION

If you are a group leader, please attach a roster or list participants' names in this box.

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 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.
Personal Vehicle to be used? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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:

- 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)

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 all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should 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.