

### VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

1. INDIVIDUAL			2. GROUP		
3. NAME OF AGENCY <b>USDA Forest Service</b>				4. AGREEMENT #11-VI-11021005-	
5. NAME OF VOLUNTEER (First, Last) First _____ Last _____			6. U.S. CITIZEN OR PERMANENT RESIDENT Yes _____ No, list visa type _____		
7. NAME OF GROUP			8. NAME OF GROUP CONTACT (First, Last)		
9. STREET ADDRESS			10. CITY	STATE	ZIP CODE
11. EMAIL ADDRESS		12. PHONE		13. AGE	
		Home: _____		Parental signature required for youth volunteers. Under 15      15-18      19 – 25      26 - 35 36 - 54      55 and Older	
		Mobile: _____			
14. <b>ETHNICITY &amp; RACE (Optional):</b> 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. <b>Ethnicity</b> (Select one): Hispanic or Latino _____ Not Hispanic or Latino _____		14b. <b>Race</b> (Select one or more, regardless of ethnicity): American Indian or Alaskan Native _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ Asian _____ White _____		14c. Are you a Veteran?      Yes      No 14d. Do you have disability?      Yes      No	
<b>EMERGENCY CONTACT INFORMATION</b>					
15. NAME		16. PHONE		17. EMAIL ADDRESS	
		Home: _____ Mobile: _____			
<b>GOVERNMENT OFFICIAL COMPLETES THIS SECTION</b>					
18. AGENCY CONTACT NAME			19. AGENCY CONTACT EMAIL & PHONE		
20. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type and Rate of Reimbursement:			21. VOLUNTEER POSITION/GROUP PROJECT TITLE:		
24. <b>Description of service to be performed.</b>					
<p>Volunteers under the Canyon Lakes Ranger District ADOPT-A-TRAIL Program will perform trail maintenance on District trails. The group has adopted this/these trails : _____</p> <p>Trail maintenance could include clearing brush and limbing from the trail corridor, cleaning, repairing, or replacing water drainage structures such as waterbars, removing downed trees across the trail, tread repair and sign maintenance or installation.</p> <p>Trail maintenance that could include clearing brush, limbing, cleaning/repairing/replacing water drainage structures, removing downed trees from across the trail, tread repair, and sign maintenance/installation. All work will conform to EM-7720-102 Standard Specifications for Construction of Trails, or as directed by Forest Service personnel or trained volunteer crew leaders. Volunteers will follow all Forest Service safety practices for safe work and tool handling, including wearing hard hats, long pants and close-toed shoes.</p> <p>Work is strenuous and at high elevation. All work will be scheduled and reported on the Forest Service volunteer reporting website within two weeks of performance . The volunteer duty station is considered the trailhead for the trail that will be maintained.</p> <p>Youth that participate are not allowed to use swinging tools such as Pulaskis and axes until age 16 . All youth participants must come with adult supervision. For safety reasons, backcountry travel should be done in teams of two or more. Completed training should be identified below.</p> <p>TRAINING                  LEVEL _____          TRAINING DATE</p> <p>Trail Maintenance _____    Other Training _____</p> <p>Small saw training _____</p> <p>Crew Leader training _____</p> <p>Crosscut Saw training _____</p>					
25. <b>Check all that apply:</b> <input type="checkbox"/> Description of service attached <input type="checkbox"/> List of group participants/optional form 301b attached <input checked="" type="checkbox"/> Job Hazard Analysis <input type="checkbox"/> Valid Driver’s License Verified (if required)					

<b>PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18</b>		
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
<b>VOLUNTEER &amp; GROUP LEADER AFFIRMATION/SIGNATURE IN INK</b>		
<p>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:</p> <p>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.</p> <p>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. Doctor's Release received by _____ (name).</p> <p>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.</p> <p>I certify that I have completed Hazard Tree Awareness training.</p> <p><b>I do hereby volunteer my services as described above, to assist in authorized activities on the Canyon Lakes Ranger District/US Forest Service and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group.</b></p>		
34. Signature of Volunteer or Group Leader		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		Date
<b>TERMINATION OF AGREEMENT</b>		
36. Agreement Terminated Date:		Total Hours Completed:
37. Signature of Government Representative:		
<b>PUBLIC BURDEN STATEMENT</b>		
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.		
<b>PRIVACY ACT STATEMENT</b>		
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.		

Office administrative use: Website entry date \_\_\_\_\_ initials \_\_\_\_\_ Roster entry date \_\_\_\_\_ initials \_\_\_\_\_