

VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES**GROUP NAME:****VOLUNTEER SERVICE DESCRIPTION****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.
- Volunteer service is not creditable for leave accrual or any other employee benefits.
- The government or I may cancel this agreement at any time by notifying the other party.
- My volunteer position may require a reference check, background investigation, and/or a criminal history inquiry in order for me to perform my duties.
- 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 do hereby volunteer my services as described above, to assist in authorized activities on the Canyon Lakes Ranger District/US Forest Service.
I agree to follow all applicable safety guidelines.**

GOVERNMENT OFFICIAL COMPLETES THIS SECTION

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.

Signature of Government Representative

Date

TERMINATION OF AGREEMENT

Signature of Government Representative:

Agreement Terminated Date:

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. 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.

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.

Office administrative use: Website entry date _____ initials _____ Roster entry date _____ initials _____

First/ MI / Last Name (Print)	Address	City	State	Zip	Emergency Contact Name	Emergency Phone
Email Address	Phone	SIGN IN INK			Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
I understand the health and physical condition requirements for doing the work in the job description, and certify that <input type="checkbox"/> I know of no medical condition or physical limitation that may adversely affect my ability to provide this service. OR <input type="checkbox"/> I DO know of a medical condition _____ and have discussed it with my Forest Service supervisor (name): _____. <input type="checkbox"/> I have taken the Hazard Tree Awareness training.					AGE <input type="checkbox"/> UNDER 15 <input type="checkbox"/> 15-18 <input type="checkbox"/> 19-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-54 <input type="checkbox"/> 55+ REQUIRED: Parental Signature: _____	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Visa Type : _____
<input type="checkbox"/> I do not consent to being photographed or having my child photographed or to the release of my photographic image.		ETHNICITY & RACE (Optional): Ethnicity (Select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race (Select one or more, regardless of ethnicity): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White			

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