

VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

1. <input type="checkbox"/> INDIVIDUAL		2. <input checked="" type="checkbox"/> GROUP	
3. NAME OF AGENCY Mt. Baker-Snoqualmie National Forest (Mt. Baker RD)		4. AGREEMENT # 20-VI-11060501-0001	
5. NAME OF VOLUNTEER (First, Last) N/A		6. U.S. CITIZEN OR PERMANENT RESIDENT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, list visa type _____	
7. NAME OF GROUP Back Country Horsemen of Washington (BCHW)		8. NAME OF GROUP CONTACT (First, Last) Jason Ridlon, president BCHW Secondary contact – Kathy Young, BCHW Public Lands (206-551-7824)	
9. STREET ADDRESS PO Box 1132		10. CITY, STATE, ZIP CODE Ellensburg, WA 98926-1132	
11. EMAIL ADDRESS president@bchw.org		12. PHONE 509-699-9927	
13. AGE <input checked="" type="checkbox"/> Under 15 <input checked="" type="checkbox"/> 15 - 18 <input checked="" type="checkbox"/> 19 - 25 <input checked="" type="checkbox"/> 26 - 35 <input checked="" type="checkbox"/> 36 - 54 <input checked="" type="checkbox"/> 55 and Older			
14. ETHNICITY & RACE (Optional): 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. Ethnicity (Select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		14b. Race (Select one or more, regardless of ethnicity): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
		14c. Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		14d. Do you have disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMERGENCY CONTACT INFORMATION			
15. NAME (Last, First)		16. PHONE	
17. EMAIL ADDRESS			
18. STREET ADDRESS		19. CITY, STATE, ZIP CODE	
GOVERNMENT OFFICIAL COMPLETES THIS SECTION			
20. AGENCY CONTACT NAME (Last, First) Richey, Barbara		21. AGENCY CONTACT EMAIL & PHONE barb.richey@usda.gov and 360-854-2615	
22. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type and Rate of Reimbursement:		23. VOLUNTEER POSITION/GROUP PROJECT TITLE: Back Country Horsemen of Washington (BCHW)	

24. **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. If this is a group agreement, the leader is to provide the group name and attach a complete list of group participants or optional form 301b for each volunteer.

VOLUNTEER/SERVICE ACTIVITY ABSTRACT

The following description of services and special provisions apply to the Group Volunteer Agreement. This agreement covers volunteer activities planned and administered directly by Back Country Horsemen of Washington (BCHW). This volunteer agreement will consist of several phases to further strengthen the partnership between the various Backcountry Horsemen of Washington Chapter and the Mt. Baker-Snoqualmie National Forest (Mt. Baker Ranger District).

Phase 1: Shared Understanding: Establishment of District Level Volunteer Agreement to establish shared understanding between BCHW chapters and Mt. Baker-Snoqualmie National Forest.

Phase 2: Trail Project Planning, Education and Outreach: Identification of trail maintenance and development priorities at the Mt. Baker Ranger District through December 31, 2021. Identification of mutually beneficial public education opportunities for public outreach. Priorities will be established through collaboration and will focus on the identification of specific work projects given the available resources that the Forest Service and BCHW have available.

Phase 3: Project Implementation: Project specific priorities will be implemented based on the mutually agreed schedule that is developed during phase 2 of this agreement. Implementation and coordination will occur across all levels of both of the respective organizations.

Back Country Horsemen of Washington will conduct routine training, trail maintenance, and reconstruction of trails within Washington National Forests. This work includes packing with stock to support trail work, safety and technical training, signing, tool use and maintenance (including cross cut and chainsaws), clearing, brushing, log outs, drainage construction (culverts, water bars, drain dips), and tread work, campsite and trail condition inventories, campsite restoration or other trail-related projects specified and managed by the Forest Service. Boardwalk and bridge repair will be approved on a case by case basis. Work beyond the attached job hazard analyses (trail maintenance, saw use, stock use, and rigging, noxious weed treatment, packing explosives) requires a separate volunteer agreement. In the unforeseen circumstance that logs along Forest System roads and trails are blocking access to/from worksites, volunteers may be authorized to buck logs within the scope of their saw certification, provided they have reviewed and signed a JHA that addresses this activity and they contact dispatch or the designated local Forest Service contact before and after cutting operations take place.

Additionally, Back Country Horsemen can, when mutually beneficial, partner with the Forest Service on messaging around shared stewardship.

Back Country Horsemen of Washington must contact and is responsible for fully coordinating with the FS Mt. Baker Ranger District liaison to obtain approval for work activity, to schedule actual work days, as well as, to make arrangements to ensure that work is accomplished to the FS safety, COVID phasing and technical standards.

This work may require the use of hand tools, brush cutters, clearing saws, rock drills, grip hoists and rigging equipment, and chain and/or crosscut saws. Appropriate Personal Protection Equipment (as addressed in the Job Hazard Analyses) will be used while performing trail work. Anyone using a chain or crosscut saw will be required to have a current Forest Service-recognized saw certification card as well as a current First Aid and CPR card.

Crew leaders will:

1. Conduct and document a tailgate safety session prior to engaging in work to discuss the types of work involved with the project, hazards and precautions, and seek crew input on safety.
2. Ask each volunteer to discuss with the crew leader and/or First Aid lead any physical limitations that would either be aggravated by or restrict participation in the work. Crew members should stop work at any time they perceive a potential hazard is developing.
3. Have participants sign the 301b form be submitted to the FS liaison within two weeks of the project completion
4. Collecting parental consent (full OF301a) for any minors participating in the event to be submitted to the FS liaison within two weeks of the project completion

Job-related Injury or Illness caused by the volunteer activity must be reported immediately to the FS Liaison who will document on the appropriate forms. In non-emergency cases, volunteers must request pre-authorized medical treatment through the USFS supervisor. Only emergency treatment may be obtained without prior authorization.

Use of personal stock is authorized by this agreement in coordination with the FS liaison. Only persons deemed competent by the USFS for packing and unpacking livestock are authorized under this agreement. Partner organizations must ensure that their stock handlers are experienced and qualified to use stock on the projects they identify need this service. Stock use precautions outlined in the Stock Use JHA must be included in the Safety Tailgate Session prior to work commencing

This agreement covers volunteers during work hours. Where volunteer projects involve overnight camping, camp work including setting up and tearing down camp, cooking and cleaning, fetching and treating water, etc., are considered volunteer services. Activities undertaken on crew off days or during down time for rest and relaxation are not considered volunteer services. Conducting unauthorized work could result in termination of this agreement. Volunteers will not receive compensation for the services provided.

This agreement does not include transportation to or from the trailhead. All stock use must be reported to and coordinated with the District liaison prior to the start of work. Hiking/riding time to and from Forest Service project sites and associated camping areas and hiking time from the trailhead to the worksite is covered as a volunteer activity.

Within two weeks of project completion, signed JHAs and Volunteer Sign-In Sheet OF301b will be submitted to the FS liaison.

25. Check all that apply: Description of service attached List of group participants/optional form 301b attached
 Job Hazard Analysis Valid Driver's License Verified (if required)

PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18

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 _____

VOLUNTEER & GROUP LEADER AFFIRMATION

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:

- 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.
- 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.
- 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.

I do hereby volunteer my services as described above, to assist in authorized activities at X US Forest Service X and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group. (NAME OF FEDERAL AGENCY)

34. Signature of Volunteer or Group Leader Garen R. Nielsen Date: 9/20/20

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 _____

TERMINATION OF AGREEMENT

36. Agreement Terminated Date: December 31, 2021 Total Hours Completed: _____

37. 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. 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.

VOLUNTEER ETHICS AND CONDUCT

Volunteers must conduct themselves in a manner that promotes public confidence in the integrity of the USFS. Fighting or using abusive language with the public, partners, agency employees, other volunteers, or supervisors will not be tolerated.

- a. **IMPARTIALITY:** Volunteers must be fair and impartial in dealing with the general public and coworkers as they perform work assigned to them. Volunteers may never solicit or coerce a gift or accept gifts in return for being influenced in the performance of assigned work.
- b. **MISUSE OF AGENCY AFFILIATION:** Volunteers may not use their affiliation with the USFS to endorse any product or service, should not attempt to intercede with agency personnel on behalf of their friends or relatives, and should never misrepresent themselves as USFS employees.
- c. **USE OF DRUGS AND ALCOHOL:** Volunteers may not use or possess, any federally illegal drugs while on Government owned or leased property. Consuming or being under the influence of alcohol or drugs while performing work for the agency is prohibited. Underage alcohol consumption by volunteers is prohibited.
- d. **SMOKING (to include e-devices):** Volunteers may not smoke in any government owned or leased vehicle or any government facility including government owned/leased lodging accommodations.
- e. **ANTIDISCRIMINATION:** The USFS is committed to a work environment where people treat one another with respect regardless of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from public assistance programs, political beliefs, or known prior civil rights activity. Volunteers, employees, managers, contractors, cooperators, and volunteers are all expected to honor the USFS Civil Rights code and conduct themselves in a manner that is consistent with a professional and supportive work environment.
- f. **SEXUAL HARRASSMENT:** The USFS also has a zero-tolerance policy for sexual harassment. Neither sexual harassment nor retaliation against those who report it will be tolerated.

CIVIL RIGHTS STATEMENT

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance. (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).