VOLUNTEER SERV	VICE AGREEMEN	NT-NATUR	AL & CULTURAL RESOURCES
1, INDIVIDUAL		2. GROUP	
3. NAME OF AGENCY U.S. Forest Servi	ce (Region 6 Washington	National Forests)	4. AGREEMENT#
5. NAME OF VOLUNTEER (First, Last) N/A			6. U.S. CITIZEN OR PERMANENT RESIDENT Yes 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	
EMAIL ADDRESS 12. PHONE 509-699-9927			13. AGE Under 15 \(\) 15 - 18 \(\) 19 - 25 26 - 35 \(\) 36 - 54 \(\) 55 and Older
more races. This information will inform our understanding of diversity and 14a. Ethnicity (Select one): Hispanic or Latino Not Hispanic or Latino		rdless of ethnicity): Native Asian White	14c. Are you a Veteran? Yes No 14d. Do you have disability? Yes No
EMERGENCY CONTACT INFORMATIO	V		
15. NAME (Last, First) 16. F			17. EMAIL ADDRESS
18. STREET ADDRESS 19. CITY, STAT		, ZIP CODE	
GOVERNMENT OFFICIAL COMPLETES	THIS SECTION		
20. AGENCY CONTACT NAME (Last, First) R6 Volunteer & Service Coordinator		21. AGENCY CONTACT EMAIL & PHONE	
22. REIMBURSEMENTS APPROVED: Yes 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 National Forests across the State of Washington.

Phase 1: Shared Understanding: Establishment of National Forest Level Volunteer Agreement to establish shared understanding between BCHW chapters and National Forests in Washington State.

Phase 2: Trail Project Planning, Education and Outreach: Identification of trail maintenance and development priorities at the Ranger District level on an annual basis. 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 annually.

Phase 3: Project Implementation: Project specific priorities will be implemented annually 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 public education events and messaging around shared stewardship.

Back Country Horsemen of Washington must contact and is responsible for fully coordinating with the FS liaison for each district 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. While coordinating with the FS liaison, determinations can be made on check in and out procedure, to include notifications to forest dispatch.

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. These may be sent to the regional office annually and disseminated to the forests as needed or updated.

Crew leaders will:

- 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. Ensure all volunteers are aware of and understand the volunteer code of conduct
- 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.
- 4. Have participants sign the 301b form be submitted to the FS liaison within two weeks of the project completion
- 5. 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
- Notify the designated staff member or dispatch of check in and check out

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 USFS supervisor. 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.

effective until a letter is issued terminating the agreement.

37. Signature of Government Representative:

LISA NORTHROP

Digitally signed by LISA NORTHROP Date: 2021.04.19 17:07:24 -07'00'

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.

- 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.
- g. WEARING OR DISPLAY OF OFFENSIVE ITEMS: Volunteers may not wear or display offensive items while representing the Forest Service or working on official volunteer projects. Offensive items may include any use of derogatory words, phrases, epithets, gestures, pictures, drawings, or cartoons that deal with or target race, color, religion, age (40 years or older), disability (physical or mental), national origin, sex (gender), sexual orientation, genetic information, marital, and /or parental status regardless of the means of delivery (that is, verbal or electronic communication); or intimidates, abuses, offends, or creates a hostile work environment
- HATCH ACT: While conducting official volunteer activity or acting on behalf of the Forest Service, volunteers may not engage in political activity
 which includes distributing campaign or political materials, performing campaign-related chores or wearing or displaying political buttons, tshirts, signs or other items.

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).

down camp, cooking and cleaning, fetching and tre	eating water, etc., are considered very consid	lve overnight camping, camp work including setting up and tearing volunteer services. Activities undertaken on crew off days or during unauthorized work could result in termination of this agreement.
to the start of work. Hiking/riding time to and from worksite is covered as a volunteer activity.	m Forest Service project sites and a	e must be reported to and coordinated with the District liaison prior associated camping areas and hiking time from the trailhead to the
Within two weeks of project completion, signed JF	IAs and Volunteer Sign-In Sheet OI	F301b will be submitted to the FS liaison.
25. Check all that apply: Description of service Job Hazard Analysis Val	attached 🔯 List of group partici lid Driver's License Verified (if requ	
PARENTAL CONSENT FOR VOLUNTEER UNDE	R AGE 18	
26. PARENT OR LEGAL GUARDIAN (First, Last)	27. PHONE Home: Mobile:	28, EMAIL ADDRESS
29. STREET ADDRESS	30 CITY, STATE, ZIP CODE	
the volunteer will perform. I give my permission for (NAME OF YOUTH) 32. Parent/Guardian Signature		
VOLUNTEER & GROUP LEADER AFFIRMATION	N	Date
33. I understand that I will not receive any compensation claims and injury compensation. I understand that versions and injury compensation. I understand that versions are investigation, and/or a criminal history inquiry in order resulting from my volunteer services as specifically strained and not subject to copyright laws. I understate project location, and certify that the statements I have a long or group leader know of no medical condition or see attached OF301b. I or a member of the group have a medical condition of the group have a medical condition of the group have a medical condition.	of for the above service and that volunt of the polyneter service is not creditable for learne by notifying the other party. I under the polyneter for me to perform my duties. I under the party of the attached job description, where the health and physical condition rever checked below are true: or physical limitation that may adversely the proposed limitation that may adversely the proposed limitation that may adversely the proposed attached OF301b.	eers are NOT considered Federal employees for any purpose other than tort live accrual or any other employee benefits. I also understand that either the restand that my volunteer position may require a reference check, background restand that all publications, films, slides, videos, artistic or similar endeavors, will become the property of the United States, and as such, will be in the public equirements for doing the work as described in the job description and at the reflect my or members of the group ability to provide this service. If a group dersely affect my ability to provide this service and have informed the agraphic image. If a member of a group see attached OF301b.
applicable safety guidelines. See attached OF301		
34. Signature of Volunteer or Group Leader		April 20,2021
	der you as a Federal employee onl	materials, equipment, and facilities that are available and needed to y for the purposes of tort claims, liability and injury compensation to
35. Signature of Government Representative	Date	
TERMINATION OF AGREEMENT		
36. Agreement Terminated Date: This agreement will remain		Total Hours Completed: