

VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

1. VOLUNTEER AGREEMENT TYPE (Choose 1) <input type="checkbox"/> Individual OR <input checked="" type="checkbox"/> Group		2. NAME OF GROUP (if applicable) Back Country Horsemen of Washington (BCHW)	
3. NAME OF VOLUNTEER OR GROUP LEADER COMPLETING FORM (Last, First)		4. U.S. CITIZEN OR PERMANENT RESIDENT <input type="checkbox"/> Yes, I am a U.S. citizen or Permanent Resident <input type="checkbox"/> No, I am not a US Citizen or Permanent Resident (if applicable, list visa type _____)	
5. STREET ADDRESS, APT #	6. CITY	7. STATE	8. ZIP CODE
9. DATE OF BIRTH	10. PHONE	11. EMAIL ADDRESS	
12. DEMOGRAPHIC INFORMATION (Optional): Please indicate 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.			
12a. Ethnicity (Select one): <input type="checkbox"/> Hispanic, Latino, or Spanish Origin <input type="checkbox"/> Not Hispanic, Latino, or Spanish Origin		12b. 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	
		12c. Are you a Military Veteran or Active Duty Military? <input type="checkbox"/> Yes <input type="checkbox"/> No 12d. Do you have a disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMERGENCY CONTACT INFORMATION			
13. NAME (Last, First)		14. PHONE	15. EMAIL ADDRESS
16. STREET ADDRESS, APT #	17. CITY	18. STATE	19. ZIP CODE
GOVERNMENT OFFICIAL COMPLETES THIS SECTION			
20. NAME OF AGENCY/ BUREAU USFS, Region 6, Washington National Forest		21. AGREEMENT # 23-VS-11062700-0001	
22. AGENCY CONTACT NAME (Last, First) R6 Volunteer and Services Program Manager		23. AGENCY CONTACT EMAIL & PHONE	
24. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type and Rate of Reimbursement:		25. VOLUNTEER POSITION/GROUP PROJECT TITLE: Back Country Horsemen of Washington (BCHW)	
26. 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.			
VOLUNTEER/SERVICE ACTIVITY ABSTRACT Attached documents include: 1. Description of service 2. Tailgate Safety Guide 3. Chainsaw JHA 4. Crosscut JHA 4. Trail Maintenance JHA 5. Livestock Operations JHA 6. Rigging JHA 7. Noxious Weeds JHA 8. Covid Considerations RA 9. Ethics and Code of Conduct 10. Volunteer Accomplishments Reporting Form			
27. Check all that apply: <input checked="" type="checkbox"/> Description of service attached <input checked="" type="checkbox"/> OF-301b Volunteer Sign-up Form for Groups attached <input type="checkbox"/> Risk Assessment attached <input type="checkbox"/> Valid Driver's License required <input type="checkbox"/> Background Investigation required <input type="checkbox"/> Medical Clearance Required <input checked="" type="checkbox"/> Other:			

PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18

28. NAME	29. PHONE	30. EMAIL ADDRESS	
31. STREET ADDRESS, APT #	32. CITY	33. STATE	34. ZIP CODE
35. I affirm that I am the parent/guardian of the abovenamed 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.			
36. (NAME OF YOUTH)			

37. Parent/Guardian Signature

38. Date

VOLUNTEER & GROUP LEADER AFFIRMATION

39. ☐ I understand that I will not receive any compensation for the above service and that volunteers are NOT considered Federal employees except as otherwise provided by law. 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.
- ☐ I know of no medical condition or physical limitation that may adversely affect my (or members of the group's) ability to provide this service. (If a group, see attached OF-301b)
- ☐ I consent to being photographed and to the release of my photographic image. (If a group, see attached OF-301b)

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

40. Signature of Volunteer or Group Leader

Dana L Chambers

41. Date

12/7/2022

The abovenamed 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.

42. Signature of Government Representative

43. Date

TERMINATION OF AGREEMENT

44. Agreement Terminated Date:

45. Total Hours Completed:

46. Signature of Government Representative:

PUBLIC BURDEN STATEMENT

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PRIVACY ACT STATEMENT

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