

Name

Grade

Week

VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES**Participants under the age of 18 need to have a parent/guardian fill out the section highlighted in Yellow**1. INDIVIDUAL2. GROUP

3. NAME OF AGENCY National Park Service: Rocky Mountain NP

4. AGREEMENT #

5. NAME OF VOLUNTEER (First, Last)

6. U.S. CITIZEN OR PERMANENT RESIDENT

 Yes No, list visa type _____

7. NAME OF GROUP

YMCA of the Rockies

8. NAME OF GROUP CONTACT (First, Last)

9. STREET ADDRESS

10. CITY, STATE, ZIP CODE

11. EMAIL ADDRESS

12. PHONE

Home:

Mobile:

13. AGE

 Under 15 15 - 18 19 - 25 26 - 35 36 - 54 55 and Older14. **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):

-
- Hispanic or Latino
-
-
- Not Hispanic or Latino

14b. **Race** (Select one or more, regardless of ethnicity):

-
- American Indian or Alaskan Native
-
- Asian
-
-
- Black or African American
-
- White
-
-
- Native Hawaiian or Other Pacific Islander

14c. Are you a Veteran? Yes No14d. Do you have disability? Yes No**EMERGENCY CONTACT INFORMATION**

15. NAME (Last, First)

16. PHONE

Home:

Mobile:

17. EMAIL ADDRESS

18. STREET ADDRESS

19. CITY, STATE, ZIP CODE

GOVERNMENT OFFICIAL COMPLETES THIS SECTION

20. AGENCY CONTACT NAME (Last, First)

21. AGENCY CONTACT EMAIL & PHONE

22. REIMBURSEMENTS APPROVED: Yes No

Type and Rate of Reimbursement:

23. VOLUNTEER POSITION/GROUP PROJECT TITLE:

24. Description of service to be performed. Volunteers will assist with one or more of the following projects:

Resource work: Help park revegetation staff plant native plants in one of several restoration sites. Sites may vary from alpine Tundra to montane meadows to campgrounds and roadsides. Volunteers are needed to spread topsoil, rake and prepare planting surfaces, install erosion control, sow seeds, harvest willows, plant native plants, and water restoration sites a ghout the park and are crowding out native species and reducing high quality wildlife habitat. Help the park's invasive species control staff remove invasive exotic plants. Most sites are in the montane regions of the park, consisting of campgrounds, roadsides, and also meadows with sweeping vistas. Volunteers are needed to hand pull invasive plants from the ground, dig up plants with a shovel, and clip and bag flower heads of certain species.

Trail Work: Assist Rocky Mountain's Trail Crew with a variety of trail projects for the summer. Volunteers might be doing light trail repair / reconstruction, digging with a shovel, root removal and possible log check / water bar construction, digging drains, moving dirt and doing light trail repair.

Painting Projects: Assist park staff on painting projects in the park. Must follow ranger's instructions.

Litter Clean up: Assist park staff on litter clean up projects. Must wear safety vest and follow ranger's instructions.

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. <p style="text-align: center;">(NAME OF YOUTH)</p>		
32. Parent/Guardian Signature		Date
VOLUNTEER & GROUP LEADER AFFIRMATION		
<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><input type="checkbox"/> 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><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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>		
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. <p style="text-align: right;">(NAME OF FEDERAL AGENCY)</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
TERMINATION OF AGREEMENT		
36. Agreement Terminated Date:		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.		