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| **VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES** | | | | | | | | | | |
| 1. INDIVIDUAL | | | | | | | 1. GROUP | | | |
| 1. NAME OF AGENCY **US Forest Service** | | | | | | | | 1. AGREEMENT # | | |
| 1. NAME OF VOLUNTEER (First, Last) | | | | | | | | 1. U.S. CITIZEN OR PERMANENT RESIDENT   Yes  No, list visa type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 7. NAME OF GROUP | | | | | | | 8. NAME OF GROUP CONTACT (First, Last) | | | |
| 9. STREET ADDRESS | | | | | | | 1. CITY, STATE, ZIP CODE | | | |
| 1. EMAIL ADDRESS | | | 1. PHONE   Home:  Mobile: | | | | | 1. AGE   Under 15  15 – 18  19 - 25  26 – 35  36 – 54  55 and Older | | |
| 1. **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 No | |
|  |  | | | | | | | | 14d. Do you have disability?YesNo | |
| EMERGENCY CONTACT INFORMATION | | | | | | | | | | |
| 1. NAME (Last, First) | | | | | 1. PHONE   Home:  Mobile: | | | 1. EMAIL ADDRESS | | |
| 1. STREET ADDRESS | | | | | 1. CITY, STATE, ZIP CODE | | | | | |
| **GOVERNMENT OFFICIAL COMPLETES THIS SECTION** | | | | | | | | | | |
| 1. AGENCY CONTACT NAME (Last, First)   **Bence, Bradley** | | | | | | 1. AGENCY CONTACT EMAIL & PHONE   [bkbence@fs.fed.us](mailto:bkbence@fs.fed.us)  **(208) 926-8928** | | | | |
| 1. REIMBURSEMENTS APPROVED: Yes  No   Type and Rate of Reimbursement: **Housing will be provided at Shearer GS. Wood is provided for heating and propane for cooking.** | | | | | | 1. VOLUNTEER POSITION/GROUP PROJECT TITLE:   **Shearer Guard Station Volunteer Cabin Hosting** | | | | |
| 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  **Host at Shearer Guard Station:**  **- Contact with visitors to the Guard Station and adjacent areas; providing information regarding facilities, conduct, Wilderness, Leave No Trace, and safety (additional information included in the Volunteer Host Program booklet)**  **- Daily patrol of camping areas near the airstrip and Guard Station and clean-up of trash; checking toilets and other facilities; light maintenance as needed**  **- General light maintenance of facilities at the administrative site as approved and instructed**  **- Changing propane tanks as needed**  **-Helping District personnel as needed with various Station projects that arise.**  **- Recording airplane landings at the airstrips in the log at the Guard Station**  **- Twice daily check-in by radio with Grangeville Dispatch between 8:00-8:30 am and 3:00-3:30pm, or as otherwise instructed**  **-Monitoring the radio throughout the day and providing a communication link between the backcountry and frontcountry**  **-Assisting visitors or District personnel in the event of an emergency**  **If flying in a personal or chartered aircraft, volunteer status begins upon arrival at the Shearer Guard Station after shutting down and departure from aircraft; it is in effect during their regularly assigned “ON DUTY” work days and work hours, which shall not exceed 8 hours in a day, and will typically fall between the hours of 7am and 6pm. Volunteer status ends upon entering aircraft for departure from Shearer Guard Station. The volunteer may not use his/her own personal aircraft as a means of work-related transportation under this agreement. In advance of their tour, volunteers may request approval from the Forest Service to park their personal aircraft near Forest Service facilities (Moose Cr, Shearer or Fish Lake airstrips) for the duration of their volunteer service agreement. However, storage of personal aircraft outside of the agreement period is not authorized, nor does the government assume any responsibility for safety or condition of the aircraft as part of the volunteer agreement. Personal property of the volunteer, including aircraft, is not covered by the United States government for liability when serving as a volunteer at the Shearer Guard Station.**  **If hiking or riding personal livestock, volunteer status begins upon arrival at Shearer Guard Station; it is in effect during their regularly assigned “ON DUTY” work days and work hours, which shall not exceed 8 hours in a day, and will typically fall between the hours of 7am and 6pm. Volunteer status ends upon departure from Shearer Guard Station to return to any trailhead. Personal riding stock, pack stock and tack are used at volunteer’s discretion and are not covered by this agreement. The volunteer may not use his/her own personal livestock as a means of work-related transportation under this agreement, nor may the volunteer store his/her personal livestock at a Forest Service facility or graze personal livestock on Forest Service pastures under this agreement. Special requests related to these activities require a separate, signed FS stock agreement. Personal property of the volunteer (including livestock) is not covered by the United States government for liability when serving as a volunteer on the Nez Perce-Clearwater National Forests.**  **This agreement is valid from April 6, 2021 to September 30, 2021 unless otherwise extended in writing**  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) | | | | | 1. PHONE   Home:  Mobile: | | | 1. EMAIL ADDRESS | | |
| 1. STREET ADDRESS | | | | | 1. CITY, STATE, ZIP CODE | | | | | |
| 1. 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. 2. (NAME OF YOUTH) | | | | | | | | | | |
|  | | | | | | | | | |  |
| 1. Parent/Guardian Signature | | | | | | | | | | Date |
| VOLUNTEER & GROUP LEADER AFFIRMATION | | | | | | | | | | |
| 1. 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, 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group. (NAME OF FEDERAL AGENCY) | | | | | | | | | | |
|  | | | | | | | | | |  |
| 1. 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. | | | | | | | | | | |
|  | | | | | | | | | |  |
| 1. Signature of Government Representative | | | | | | | | | | Date |
| **TERMINATION OF AGREEMENT** | | | | | | | | | | |
| 1. Agreement Terminated Date: | |  | | Total Hours Completed: | | | | | | | |
| 1. 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, injury compensation, and other volunteer claims allowed by law. Furnishing this data is voluntary, however if this form is incomplete, enrollment in the program cannot proceed. | | | | | | | | | | |