VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES							
1. VOLUNTEER AGREEMENT TYPE (Choose 1) Individual OR Group				2. NAME OF GROUP (if applicable)			
3. NAME OF VOLUNTEER OR GROUP LEADER COMPLETING FORM (Last, First)				4. U.S. CITIZEN OR PERMANENT RESIDENT Yes, I am a U.S. citizen or Permanent Resident 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): Hispanic, Latino, or Spanish Origin Not Hispanic, Latino, or Spanish Origin	12b. Race (Select one or more, regardless o American Indian or Alaskan Native Black or African American Native Hawaiian or Other Pacific Island			Asian White	Active Duty	a Military Veteran or Military? Yes No nave a disability? Yes No	
EMERGENCY CONTACT INFORMATION	ON				, , , , , , , , , , , , , , , , , , , 		
13. NAME (Last, First)	14. PHONE			15. EMAIL ADDRESS			
16. STREET ADDRESS, APT #	16. STREET ADDRESS, APT #		17. CITY			19. ZIP CODE	
GOVERNMENT OFFICIAL COMPLETES THIS SECTION							
20. NAME OF AGENCY/ BUREAU	21. AGREEMENT #						
22. AGENCY CONTACT NAME (Last, First)			23. AGENCY CONTACT EMAIL & PHONE				
24. REIMBURSEMENTS APPROVED: Yes No Type and Rate of Reimbursement:			25. VOLUNTEER POSITION/GROUP PROJECT TITLE:				
26. Description of service to be perform description of service to be performe use of personal equipment and/or versions volunteer/Service Activity Abstract	d. Service de hicle, skills re	escription should in equired (note certif	clude details sications if nec	such as time and sch	edule commitr sical activity re	nent, use of government vehicle, quired, etc.	
☐ Valid Drive	r's License re earance Requ	quired 🔲 Back	ground Investi	gation required	roups attached	. I way yasessinglit greatien	

PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18						
28. NAME	29. PHONE	30. EMAIL ADDRESS				
a. CTREET ADDRESS ART #	CITY		La. ZID CODE			
31. STREET ADDRESS, APT #	29. CITY	30. STATE	31. ZIP CODE			
32. 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						
34. Parent/Guardian Signature	Da	Date				
VOLUNTEER & GROUP LEADER AFFIRMATION						
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)						
36. Signature of Volunteer or Group Leader		l	ate			
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.						
37. Signature of Government Representative	Da	ate				
TERMINATION OF AGREEMENT						
38. Agreement Terminated Date:		Tot	al Hours Completed:			
39. Signature of Government Representative:						
PUBLIC BURDEN STATEMENT						

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