

Volunteer Services Agreement for Natural Resources Agencies <i>for Individuals or Groups</i>			
<i>Please print when completing this form</i>			
Site Name Yosemite National Park	Agency Department of the Interior	Reimbursement (if any) None	
Name of Organization or Group Leader – Last, First, Middle Walden West Backpack Adventures	Home Phone (408) 573-3050	Cell Phone	Email Address wwba@sccoe.org
Street Address 15555 Sanborn Rd	City Saratoga	State CA	Zip 95070

Name of Participant and (if under 18) Name of Parent or Guardian	Home Phone	Cell Phone	Email Address
Street Address	City	State	Zip
<p>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 work that the volunteer will perform.</p> <p>I give my permission for _____ to participate in the specified volunteer activity sponsored by _____ Walden West Backpack Adventures at _____ Yosemite National Park <i>(Name of Sponsoring Organization, if applicable) (Name of Volunteer Duty Station)</i></p> <p>From _____ to _____ <i>(Date) (Date) (Parent/Guardian Signature) (Date)</i></p>			

Emergency Contact Name	Home Phone	Cell Phone	Email Address
Street Address	City	State	Zip

GOVERNMENT OFFICIAL COMPLETES THIS SECTION			
<p>Brief description of work to be performed. <i>Include details such as minimum time commitment required, use of personal equipment, use of government vehicle, etc. Attach the complete job description to this form. If this is a group agreement, the leader is to provide the group name, a complete list of group participants to be attached to this form, and parental approval (above) completed for each volunteer under the age of 18. "Under 43 C.F.R. § 20.511, Departmental volunteers in the course of their official duties are prohibited from possessing firearms on property under control of the Department. Because of the stated purpose of the sponsors of Section 512 to provide uniformity under applicable state law from bureau-to-bureau, the potential liability issues that could result, and the absence of any criminal penalties applicable to this regulation, this Departmental policy continues to apply to all NPS/FWS employees and volunteers during their official duties. Volunteers who are not on official duty may possess firearms on Departmental lands under the same conditions applicable to members of the general public, according to P. L. 111-24, Section 512. For this purpose, volunteers are considered the same as other employees when engaged in their official activities."</i></p>			
Government Vehicle required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Valid State Driver's License	<input type="checkbox"/> International Driver's License
Personal Vehicle to be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please verify that the volunteer is in possession of one of these documents. DO NOT keep a copy of the document for his/her file.	

I understand that I will not receive any compensation for the above work 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 background investigation 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 do hereby volunteer my services as described above, to assist in agency-authorized work.

(Signature of Volunteer)

(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 work described above, and to consider you as a Federal employee only for the purposes of tort claims and injury compensation.

(Signature of Government Representative)

(Date)

Termination of Agreement

Volunteer requests formal evaluation Yes No

Evaluation Completed _____
(Date)

Agreement terminated on _____
(Date)

Public Burden Statement

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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.