

Volunteer Services Agreement for Natural Resources Agencies for Individuals or Groups

Please print when completing this form

Site Name/Project Leader Chiricahua Volunteer Trail Crew - Zac Ribbing		Agency Coronado National Forest		Reimbursement (if any)	
Name of Volunteer or Group Leader – Last, First, Middle		Age (If Individual Agreement) Under 18 18-25 26-55 56 and Older			
Are you a U.S. Citizen? Yes No Visa Type	Email Address	Home Phone		Mobile Phone	
Street Address		City	State	Zip	

IF VOLUNTEER IS UNDER AGE 18 – Name of Parent or Legal Guardian		Home Phone	Mobile Phone	Email Address
Street Address		City	State	Zip

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 sponsored

by _____ at _____
(Name of Sponsoring Organization, if applicable) *(Name of Volunteer Duty Station)*

From _____ to _____
(Date) *(Date)* *(Parent/Guardian Signature)* *(Date)*

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

GOVERNMENT OFFICIAL COMPLETES THIS SECTION

Description of service to be performed. Include details such as time and schedule commitment, use of personal equipment, government vehicle, skills required (note certifications if necessary), level of physical activity required, etc. Attach the complete job description and job hazard analysis 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.

Work will be in coordination with the CNF Wilderness/Trails program, and will not operate on one's own behalf. Work will follow FS guidelines and safety procedures. Work may include:
Trail Maintenance (Trail clearing, brush removal, log removal, tread repairs, erosion control, sign repair, scouting and reporting)
Chainsaw use if current on trainings and paired with another person
Cabin maintenance (cleaning and minor repairs)
General Recreation - Campground, visitor contacts and maintenance

Government Vehicle required?	Yes	No	Valid State Driver's License	International Driver's License
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Personal Vehicle to be used? Yes 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 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 statement I have checked below is true:

I know of no medical condition or physical limitation that may adversely affect my ability to provide this service.

I do know of a medical condition or physical limitation that may adversely affect my ability to provide this service and have explained

It to Zac Ribbing

(Name of Agency Official)

I do hereby volunteer my services as described above, to assist in agency-authorized work. I agree to follow all applicable safety guidelines.

(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 service described above, and to consider you as a Federal employee only for the purposes of tort claims and injury compensation to the extent not covered by your volunteer group, if any.

(Signature of Government Representative) (Date)

Termination of Agreement

Volunteer requests formal evaluation Yes No Evaluation Completed _____
(Date)

Agreement terminated on _____ _____
(Date) (Signature of Government Representative)

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