

Instructions:
 1. Complete this form on your computer.
 2. Save as a pdf under your name.
 3. Submit your form electronically via e-mail.
 4. Print and sign form on page 2.
 5. Mail it or present it in person to the volunteer coordinator.



VOLUNTEER SERVICE AGREEMENT NATURAL & CULTURAL RESOURCES

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OMB 0596-0080

1. INDIVIDUAL

2. GROUPS

3. NAME OF AGENCY: **National Park Service** 4. AGREEMENT

5. NAME OF VOLUNTEER (First Last)

6. U.S. CITIZEN OR PERMANANT RESIDENT If NO, list Visa type

7. NAME OF GROUP 8. NAME OF GROUP CONTACT

9. STREET ADDRESS

10. CITY STATE ZIP CODE

11. EMAIL

12. PHONE HOME MOBILE AGE

14. 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): 14c. Are you a Veteran? 14d. Do you have disability?

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

EMERGENCY CONTACT INFORMATION

15. EMERGENCY CONTACT NAME (Last, First)

16. PHONE HOME MOBILE 17. EMAIL

18. STREET ADDRESS

19. CITY STATE ZIP CODE

GOVERNMENT OFFICIAL COMPLETES THIS SECTION

20. AGENCY CONTACT NAME: **Suzanne Buchanan**

21. AGENCY CONTACT EMAIL AND PHONE:

WORK: **508-234-4242** MOBILE: EMAIL: **sbuchanan@blackstoneheritagecorridor.org**

22. REIMBURSEMENTS APPROVED Type and Rate of Reimbursement 23. VOLUNTEER POSITION/GROUP PROJECT TITLE:

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
 Earth Day Cleanup: Saturday, April 29; 1pm to 3pm
 This very successful event engages and educates over 200 citizens living in the Blackstone Valley, promoting a better understanding of how they can act as good stewards of our land and water by participating in a cleanup of local waterways.
 Volunteers will clean up waterways within communities of the Blackstone River Watershed. Gloves and trash bags will be provided to volunteers.
 If volunteer is a minor, please fill out parental consent section of the back of this form.

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		
29. STREET ADDRESS		
30. CITY	STATE	ZIP CODE

33. 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.
 (NAME OF YOUTH)

34. Parent/Guardian Signature	Date
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VOLUNTEER & GROUP LEADER AFFIRMATION

35. 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:

- 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 Blackstone Heritage Corridor and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group.

34. Signature of Volunteer or Group Leader	Date
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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
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TERMINATION OF AGREEMENT

36. Agreement Terminated Date	Total Hours Completed
35. 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.

Uniform size _____

