## Volunteer Services Agreement for Natural Resources Agencies

for Individuals of Groups				
Please print when completing this form				
Site Name	Agency		Reimbursement (if any)	
Name of Volunteer or Group Leader – Last, First, Middle	Home Phone	Cell Phone	Email Address	
Street Address	City	State	Zip	
Sheet Address	City	Slate	Σιμ	
IF VOLUNTEER IS UNDER AGE 18 – Name of Parent or	Home Phone	Cell Phone	Email Address	
Guardian				
Street Address	City	State	Zip	
Slieet Address	City	Sidie	Ζίρ	
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 sta		
employee. I have read the attached description of the work that the	e volunteer will perfor	m.		
I give my permission for to participate in the specified volunteer activity sponsored				
by(Name of Sponsoring Organization, if applicable)	_ at (Name of Vol	unteer Duty Station)		
(Name of Oponsoning Organization, in applicable)				
Erom	Cuardian Signatura)			
From to	uardian Signatura)			
	uardian Signature)		(Date)	
(Date) (Date) (Parent/G	uardian Signature) Home Phone	Cell Phone	(Date) Email Address	
	· · ·	Cell Phone		
(Date) (Date) (Parent/G	· · ·	Cell Phone State		
(Date) (Date) (Parent/G Emergency Contact Name	Home Phone		Email Address	
(Date)     (Date)     (Parent/G       Emergency Contact Name       Street Address	Home Phone City	State	Email Address	
(Date) (Date) (Parent/G Emergency Contact Name	Home Phone City	State	Email Address	
(Date)       (Date)       (Parent/G         Emergency Contact Name       Street Address       GOVERNMENT OFFICIAL         Brief description of work to be performed. Include details such       Include details such	Home Phone City COMPLETES THI	State S SECTION mmitment required, use	Email Address Zip	
(Date)       (Date)       (Parent/G         Emergency Contact Name	Home Phone City COMPLETES THI as minimum time cor on to this form. If this	State S SECTION nmitment required, use is a group agreement, t	Email Address Zip of personal equipment, the leader is to provide the	
(Date)       (Date)       (Parent/G         Emergency Contact Name       Street Address       GOVERNMENT OFFICIAL         Brief description of work to be performed. Include details such       Include details such	Home Phone City COMPLETES THI as minimum time cor on to this form. If this	State S SECTION nmitment required, use is a group agreement, t	Email Address Zip of personal equipment, the leader is to provide the	
(Date)       (Date)       (Parent/G         Emergency Contact Name	Home Phone City COMPLETES THI as minimum time cor on to this form. If this	State S SECTION nmitment required, use is a group agreement, t	Email Address Zip of personal equipment, the leader is to provide the	
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(Date)       (Date)       (Parent/G         Emergency Contact Name	Home Phone City COMPLETES THI as minimum time cor on to this form. If this	State S SECTION nmitment required, use is a group agreement, t	Email Address Zip of personal equipment, the leader is to provide the	
(Date)       (Date)       (Parent/G         Emergency Contact Name       Street Address         Street Address       GOVERNMENT OFFICIAL         Brief description of work to be performed. Include details such use of government vehicle, etc. Attach the complete job description group name, a complete list of group participants to be attached to under the age of 18.	Home Phone City COMPLETES THI as minimum time cor on to this form. If this o this form, and parent	State <b>S SECTION</b> mmitment required, use is a group agreement, t al approval (above) cor	Email Address Zip of personal equipment, the leader is to provide the mpleted for each volunteer	
(Date)       (Date)       (Parent/G         Emergency Contact Name       Street Address         Street Address       GOVERNMENT OFFICIAL         Brief description of work to be performed. Include details such use of government vehicle, etc. Attach the complete job description group name, a complete list of group participants to be attached to under the age of 18.         Government Vehicle required?       Yes       No       Val	Home Phone City COMPLETES THI as minimum time cor on to this form. If this o this form, and parent id State Driver's Licer	State S SECTION mmitment required, use is a group agreement, t al approval (above) cor use	Email Address Zip of personal equipment, the leader is to provide the	

Optional Form 301a (06/2008) USDA-USDI

I understand that I will not receive any compensation for the above work and that volunteers are NOT cor any purpose other than tort claims and injury compensation. I understand that volunteer service is not cre other employee benefits. I also understand that either the government or I may cancel this agreement at party. I understand that my volunteer position may require a background investigation in order for me to perform I understand that all publications, films, slides, videos, artistic or similar endeavors, resulting from my volu stated in the attached job description, will become the property of the United States, and as such, will be subject to copyright laws.	editable for leave accrual or any any time by notifying the other n my duties. unteer services as specifically		
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) (Signature of Government Representative)			

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