

# VOLUNTEER SERVICE AGREEMENT—Natural & Cultural Resources

## Volunteer Sign-up Form for Groups

All volunteers that participate with an organized group on an episodic volunteer project with a federal land and water management agency must be signed up on this form (unless otherwise signed up under an individual Volunteer Service Agreement, OF-301a). Volunteers under age 18 may not use this form, and must complete an individual Volunteer Service Agreement (OF-301a). This form must accompany a group Volunteer Service Agreement (OF-301a), completed by the group leader. Group leaders are responsible for ensuring every individual signed up on this form understand the duties to be performed and the terms of the project.

| PROJECT TITLE:               |                          |                               |                       |                     | I understand the health and physical condition requirements for this position, and I know of no medical condition or physical limitation that may adversely affect my ability to provide this service. | I consent to being photographed, and to the release of my photographic image. |
|------------------------------|--------------------------|-------------------------------|-----------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| GROUP NAME:                  |                          | AGENCY:                       |                       |                     |                                                                                                                                                                                                        |                                                                               |
| GROUP LEADER (Last, First):  |                          | AGREEMENT # (OF-301A box 21): |                       |                     |                                                                                                                                                                                                        |                                                                               |
| VOLUNTEER NAME (Last, First) | VOLUNTEER E-MAIL ADDRESS | VOLUNTEER TELEPHONE NUMBER    | MONTH & YEAR OF BIRTH | VOLUNTEER SIGNATURE |                                                                                                                                                                                                        |                                                                               |
|                              |                          |                               |                       |                     | Yes No                                                                                                                                                                                                 | Yes No                                                                        |
|                              |                          |                               |                       |                     | Yes No                                                                                                                                                                                                 | Yes No                                                                        |
|                              |                          |                               |                       |                     | Yes No                                                                                                                                                                                                 | Yes No                                                                        |
|                              |                          |                               |                       |                     | Yes No                                                                                                                                                                                                 | Yes No                                                                        |
|                              |                          |                               |                       |                     | Yes No                                                                                                                                                                                                 | Yes No                                                                        |
|                              |                          |                               |                       |                     | Yes No                                                                                                                                                                                                 | Yes No                                                                        |
|                              |                          |                               |                       |                     | Yes No                                                                                                                                                                                                 | Yes No                                                                        |
|                              |                          |                               |                       |                     | Yes No                                                                                                                                                                                                 | Yes No                                                                        |
|                              |                          |                               |                       |                     | Yes No                                                                                                                                                                                                 | Yes No                                                                        |
|                              |                          |                               |                       |                     | Yes No                                                                                                                                                                                                 | Yes No                                                                        |
|                              |                          |                               |                       |                     | I understand the                                                                                                                                                                                       | I consent to                                                                  |

| VOLUNTEER NAME (Last, First) | VOLUNTEER E-MAIL ADDRESS | VOLUNTEER TELEPHONE NUMBER | MONTH & YEAR OF BIRTH | VOLUNTEER SIGNATURE | health and physical condition requirements for this position, and I know of no medical condition or physical limitation that may adversely affect my ability to provide this service. | being photographed, and to the release of my photographic image. |
|------------------------------|--------------------------|----------------------------|-----------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
|                              |                          |                            |                       |                     | Yes No                                                                                                                                                                                | Yes No                                                           |
|                              |                          |                            |                       |                     | Yes No                                                                                                                                                                                | Yes No                                                           |
|                              |                          |                            |                       |                     | Yes No                                                                                                                                                                                | Yes No                                                           |
|                              |                          |                            |                       |                     | Yes No                                                                                                                                                                                | Yes No                                                           |
|                              |                          |                            |                       |                     | Yes No                                                                                                                                                                                | Yes No                                                           |
|                              |                          |                            |                       |                     | Yes No                                                                                                                                                                                | Yes No                                                           |
|                              |                          |                            |                       |                     | Yes No                                                                                                                                                                                | Yes No                                                           |
|                              |                          |                            |                       |                     | Yes No                                                                                                                                                                                | Yes No                                                           |
|                              |                          |                            |                       |                     | Yes No                                                                                                                                                                                | Yes No                                                           |
|                              |                          |                            |                       |                     | Yes No                                                                                                                                                                                | Yes No                                                           |
|                              |                          |                            |                       |                     | Yes No                                                                                                                                                                                | Yes No                                                           |

**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 2 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.

**Privacy Act Statement:** Collection and use are covered by Privacy Act System of Records DOI-05 and OPM/GOVT-1 and are consistent with the provisions of 5 USC 552a (Privacy Act of 1974), which authorizes acceptance of the information requested on this form. The information is used to identify persons interested in participating in a government volunteer program and to manage the volunteer program, including tort claims and injury compensation. Furnishing this information is voluntary, however, failure to provide the requested information will prevent program participation.