

NOAA VOLUNTEER DIVER SERVICE AGREEMENT

1. NAME OF AGENCY		2. AGREEMENT NUMBER	
3. NAME OF VOLUNTEER (Last, First)		4. U.S. CITIZEN OR PERMANENT RESIDENT <input type="checkbox"/> Yes <input type="checkbox"/> No, list visa type	
5. STREET ADDRESS		6. CITY, STATE, ZIP CODE	
7. EMAIL ADDRESS		8. PHONE Home Mobile	9. AGE <input type="checkbox"/> 18-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 and Older

10. **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 among the volunteer force in the NOAA Diving Program.

10a. ETHNICITY <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	10b. RACE <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	10c. Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
		10d. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY CONTACT INFORMATION

11. NAME (Last, First)	12. PHONE Home Mobile	13. EMAIL ADDRESS
14. STREET ADDRESS	15. CITY, STATE, ZIP CODE	16. RELATIONSHIP TO VOLUNTEER

GOVERNMENT OFFICIAL COMPLETES THIS SECTION

17. AGENCY CONTACT NAME (Last, First)	18. PHONE Office Mobile	19. EMAIL ADDRESS
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20. REIMBURSEMENTS APPROVED? Yes No Type and Rate of Reimbursement:

21. **Description of service to be performed.** Provide a brief description of volunteer activity and the location of the volunteer activity to be performed. Description should include details such as time and schedule commitment, use of government vehicle, use of personal diving equipment and/or vehicle, skills required (include diving and safety certifications required), level of physical activity required, etc.

22. Check all that apply:

<input type="checkbox"/> Additional description of service attached	<input type="checkbox"/> Diving and safety certifications verified
<input type="checkbox"/> Job Hazard Analysis	<input type="checkbox"/> Driver's License verified (if required)

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VOLUNTEER AFFIRMATION

23. 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 know of no medical condition or physical limitation that may adversely affect my ability to provide this service.
- I have a medical condition or physical limitation that may adversely affect my ability to provide this service and have informed the Government Representative.
- I do not consent to being photographed or to the release of my photographic image.

I do hereby volunteer my services as described above, to assist in authorized activities at and I agree to follow all applicable safety guidelines.

(NAME OF NOAA FACILITY)

24. Signature of Volunteer

Date

The above-named NOAA facility agrees, while this arrangement is in effect, to provide such materials, specialized 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 you, if any.

25. Signature of Government Representative

Date

TERMINATION OF AGREEMENT

26. Agreement Terminated Date:

Total Hours Completed:

26. Signature of Government Representative

PUBLIC BURDEN STATEMENT

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0648-XXXX. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 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 information collection. All responses to this information collection are required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the NOAA Diving Center Executive Officer, NOAA Diving Program, 7600 Sand Point Way NE, Building 8, Seattle, WA 98115, 206-526-6460.

PRIVACY ACT STATEMENT

Authority: The collection of this information is authorized under 29 CFR 1910, Subpart T, Commercial Diving Operations. Additional authorities include 29 U.S.C. 653, 655, 657; 40 U.S.C. 333; 33 U.S.C. 941; Secretary of Labor's Order No. 8-76 (41 FR 25059), 9-83 (48 FR 35736), 1-90 (55 FR 9033), 6-96 (62 FR 111), 3-2000 (65 FR 50017), 5-2002 (67 FR 65008), 5-2007 (72 FR 31160), or 4-2010 (75 FR 55355) as applicable, and 29 CFR 1911.

Purpose: NOAA is collecting this information to assess an individual's medical fitness to dive, proficiency, and further training. Information will also be used to ensure diving equipment is safe and well maintained and that all policies are being adhered to for safety reasons. Aggregate data is used for annual reports and other leadership documents.

Routine Uses: NOAA will use this information in the determination of an individual's medical fitness to dive. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) to be shared among Department staff for work-related purposes. Disclosure of this information is also subject to all of the published routine uses as identified in the Privacy Act System of Records Notice NOAA-10, NOAA Diving Program.

Disclosure: Furnishing this information is voluntary. However, the failure to provide complete and accurate information will exclude the individual from NOAA's Diving Program.