

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. This information will inform our understanding of diversity among the volunteer force in the NOAA Diving Program.			
10a. What is your RACE and/or ETHNICITY? <i>Select all that apply.</i> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White		10b. Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No 10c. 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
20. REIMBURSEMENTS APPROVED? <input type="checkbox"/> Yes <input type="checkbox"/> 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"/> Job Hazard Analysis <input type="checkbox"/> Diving and safety certifications verified <input type="checkbox"/> Driver's License verified (if required)			

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

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.