

VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

1. <input type="checkbox"/> INDIVIDUAL		2. <input type="checkbox"/> GROUP	
3. NAME OF AGENCY: DOI- NPS – Big Thicket National Preserve		4. AGREEMENT #	
5. NAME OF VOLUNTEER (First, Last)		6. U.S. CITIZEN OR PERMANENT RESIDENT <input type="checkbox"/> Yes <input type="checkbox"/> No, list visa type _____	
7. NAME OF GROUP MLK Jr. Day of Service – Jan. 2019 Longleaf Pine Restoration		8. NAME OF GROUP CONTACT (First, Last)	
9. STREET ADDRESS		10. CITY, STATE, ZIP CODE	
11. EMAIL ADDRESS		12. PHONE Home: Mobile:	13. AGE <input type="checkbox"/> Under 15 <input type="checkbox"/> 15 - 18 <input type="checkbox"/> 19 - 25 <input type="checkbox"/> 26 - 35 <input type="checkbox"/> 36 - 54 <input type="checkbox"/> 55 and Older
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): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	14b. Race (Select one or more, regardless of ethnicity): <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		14c. Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No 14d. Do you have disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMERGENCY CONTACT INFORMATION			
15. NAME (Last, First)		16. PHONE Home: Mobile:	17. EMAIL ADDRESS
18. STREET ADDRESS		19. CITY, STATE, ZIP CODE	
GOVERNMENT OFFICIAL COMPLETES THIS SECTION			
20. AGENCY CONTACT NAME (Last, First) Herbert Young, Chief of Resource Management Jason Ginder, Chief of Interpretation & Education		21. AGENCY CONTACT EMAIL & PHONE herbert_young_jr@nps.gov 409-951-6821 jason_ginder@nps.gov 409-951-6721	
22. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type and Rate of Reimbursement:		23. VOLUNTEER POSITION/GROUP PROJECT TITLE: Longleaf Pine Planter	
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			
<p>Work Activity Description. Volunteers will engage in tree planting activities as part of the MLK Day of Service and reforestation effort in the Turkey Creek Unit of Big Thicket National Preserve. Working in small groups, volunteers will carry dibble bars, planting bags and seedlings, while traveling across uneven terrain, off-trail into a natural unmaintained environment. You will plant tree seedlings into the ground, following the techniques demonstrated during the tree planting training session. Light lifting, some bending and walking on uneven surfaces are required.</p> <p>Safety/Protective Gear. This volunteer work may be physically demanding for some people. Your personal safety is our #1 priority. For your protection, everyone should properly prepare for the environment & daily weather. Wear suitable layered clothing for the unpredictable weather conditions cold, rain, sun). Closed toed shoes and long pants are highly encouraged. It is recommended that you bring gloves. If lightning is observed or thunder heard, all work will cease and all volunteers should calmly but immediately seek shelter. Volunteers should take advantage of the water that is provided, ensuring that they stay hydrated. If any item is or appears to be too heavy, you are not required to handle it. .</p> <p>Medical. All injuries, no matter how minor must be reported immediately to the on-site park personnel. The on-site NPS staff will coordinate the appropriate medical response and any necessary documentation.</p>			
25. Check all that apply: <input type="checkbox"/> Description of service attached <input type="checkbox"/> List of group participants/optional form 301b attached <input type="checkbox"/> Job Hazard Analysis <input type="checkbox"/> 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 ADDRESS
29. STREET ADDRESS	30. CITY, STATE, ZIP CODE	
31. 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)		
32. Parent/Guardian Signature		Date

VOLUNTEER & GROUP LEADER AFFIRMATION

33. 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 or members of the group 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 Big Thicket National Preserve and I agree to follow all applicable safety guidelines.

34. Signature of Volunteer or Group Leader	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 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

TERMINATION OF AGREEMENT

36. Agreement Terminated Date: Tuesday, January 22, 2019	Total Hours Completed:
37. 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.