

VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

1. <input type="checkbox"/> INDIVIDUAL		2. <input type="checkbox"/> GROUP	
3. NAME OF AGENCY GGNRA/FOPO/MUWO		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		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)		21. AGENCY CONTACT EMAIL & PHONE	
22. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input type="checkbox"/> No Type and Rate of Reimbursement:		23. VOLUNTEER POSITION/GROUP PROJECT TITLE:	
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			
See Volunteer Work Description and Field Safety Below			
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. <div style="text-align: center;">(NAME OF YOUTH)</div>	
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:	
<input type="checkbox"/> I or group leader know of no medical condition or physical limitation that may adversely affect my or members of the group ability to provide this service. If a group see attached OF301b.	
<input type="checkbox"/> I or a member of the group have a medical condition or physical limitation that may adversely affect my ability to provide this service and have informed the Government Representative. If a member of a group see attached OF301b.	
<input type="checkbox"/> I or group member do not consent to being photographed or to the release of my photographic image. If a member of a group see attached OF301b.	
I do hereby volunteer my services as described above, to assist in authorized activities at <u>Golden Gate National Parks</u> and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group.	
(NAME OF FEDERAL AGENCY)	
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:	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.	

Golden Gate National Parks Volunteer Work Description & Field Safety



General Work Description for Parkwide Volunteer Programs

Support habitat restoration, nursery activities, trail maintenance, building and grounds maintenance, and/or landscaping projects by performing any number of related tasks. The work may include, but is not limited to: outplanting vegetation, removing weeds and invasive vegetation, collecting native seed, transplanting seedlings, working in and around compost, pruning vegetation, clearing trails, repairing trail tread, rerouting trails, clearing drainage systems, repairing and installing fencing/boardwalks/steps/benches/signage, removing graffiti, collecting trash, working around poison oak, loading/unloading tools and materials, and performing basic construction work. These tasks may incorporate the use of tools including, but not limited to: wheelbarrows, brooms, trowels, shovels, rakes, pruning shears, gardening hand tools, hand picks, pitch forks, hand saws, pickaxes, McLeods, hoes, and hand tools (manual).

Photos of volunteer activities may be taken during the program and used for park publications. If you require restricted use of your photo, please alert the park volunteer manager.

Work is to be accomplished over a minimum period of 2 hours and maximum of 8 hours on any given day, not to exceed 40 hours in a week, depending on the volunteer position.

Field Safety

Park staff will provide you with a safe work environment and will identify any potential hazards in the working area. While we strive to create the safest environment possible, it is impossible to eliminate all potential hazards when working outside in nature. Feel free to ask a park volunteer manager for more information on these or other topics.

- **Be Prepared! Dress Appropriately!** Wear clothes that can get dirty, long pants, closed-toe shoes (no flip-flops or sandals), layers for changing weather, and rain gear if necessary. Bring a personal water bottle and sunscreen.
- **Ticks:** Ticks are common carriers of Lyme disease. Though you are unlikely to come in contact with them in San Francisco, they are common in Marin and San Mateo counties. Check your clothes and body after working/playing outdoors.
- **Yellow Jackets:** Yellow jacket nests are commonly found in trees and on the ground in natural areas. Yellow jackets are often difficult to spot, but if you see one, try to follow it back to a nest and clear the area. If you see multiple yellow jackets flying around an area, warn others about them. They are very protective of their homes and sting repeatedly if aggravated. If you disturb a yellow jacket nest, run away quickly in a zigzag pattern. If you know you are allergic, please take precautions for your safety.
- **Poison Oak:** The oil in poison oak can cause a severe rash, especially if you are highly allergic to it. Everyone should learn to recognize poison oak and avoid it. To identify poison oak, look for three lobed leaflets, which come in a variety of colors (from green to red) and are sometimes shiny or glossy in appearance. If any part of the plant touches your skin, clothing, or tool, talk to the park volunteer manager for further instructions on decontamination.
- **Heat Exhaustion:** Drink plenty of water while working! If you feel tired or lightheaded, sit down and rest in the shade.
- **Sun Exposure:** You can get sunburn on a cloudy day. Wear sunscreen and a hat for protection.
- **Tool / Back Safety:** Be aware of the tools you are using. Make sure you know the correct way to use and transport them. Keep space between you and other volunteers. To avoid repetitive motion stress, take regular stretch breaks. Use your legs when lifting or pulling heavy objects, and always try to avoid twisting when carrying or loading.
- **Things You Might Find:** The Golden Gate National Parks are urban parks with a military history. Be observant and avoid things like broken glass, rusty metal, hypodermic syringes, unexploded ordnance, and pet feces. Glass, metal, and other trash can be picked up (wear gloves!). Alert the park volunteer manager if you find a needle or something you do not recognize—do not pick it up!

The Golden Gate National Parks Volunteer Program is a cooperative parkwide effort of the [Golden Gate National Parks Conservancy](#), the [National Park Service](#), and the [Presidio Trust](#).