Volunteer Services Ag for Individuals or Groups	greement for	Natural Reso	urces	Agenci	ies		
Please print when completing this fo	orm (Attach a separate	sheet for those data	that do n	ot fit in the all	lowed spa	aces).	
Site Name/Project Leader		Agency	Agency		Reimbursement (if any)		
Name of Volunteer or Group Leader	- Last, First, Middle	`	ndividual ler 18 [Agreement)	26-5	5	
Are you a U.S. Citizen?	Email Address	Home P	Home Phone		Mobile Phone		
Yes No Visa Type							
Street Address		City	City		State	Zip	
IF VOLUNTEER IS UNDER AGE 18 – Name of Parent or Legal Guardian		Legal Home P	hone	Mobile Pho	one	ne Email Address	
Street Address	City	y		State	Zip		
I affirm that I am the parent/guard provide compensation, except as of Federal employee. I have read the affor	therwise provided by attached description of	law; and that the se the service that the v	rvice will olunteer articipate	not confer o will perform.	n the vol I give my ied volun	lunteer the status of a permission teer activity sponsored	
From to	(Date)	(Parent/Gu	uardian S	ignature)		(Date)	
Emergency Contact Name		Home P	hone	Mobile Phone		Email Address	
Street Address		City		Sta		Zip	
G	OVERNMENT OFF	ICIAL COMPLETE	S THIS S	SECTION			
Description of service to be per government vehicle, skills required description and job hazard analysis of group participants to be attached	formed. Include deta (note certifications if a to this form. If this is a	ils such as time and necessary), level of p n group agreement, th	schedul hysical a e leader	e commitme ctivity require is to provide	ed, etc. A the group	ttach the complete job name, a complete list	
Government Vehicle required?	☐ Valid State Driv	tate Driver's License International Driver's License y that the volunteer is in possession of one of these DO NOT keep a copy of the document for his/her file.					

I understand that I will not receive any compensation for the above something or any purpose other than tort claims and injury compensite accrual or any other employee benefits. I also understand that time by notifying the other party.	sation. I understand that volunteer service is not creditable for
I understand that my volunteer position may require a reference checorder for me to perform my duties.	ck, background investigation, and/or a criminal history inquiry in
I understand that all publications, films, slides, videos, artistic or simil specifically stated in the attached job description, will become the prodomain and not subject to copyright laws.	
I understand the health and physical condition requirements for doing location, and certify that the statement I have checked below is true:	the work as described in the job description and at the project
I know of no medical condition or physical limitation that may adv	versely affect my ability to provide this service.
I do know of a medical condition or physical limitation that may a explained it to	idversely affect my ability to provide this service and have
(Name of Agency	Official)
I do hereby volunteer my services as described above, to assist in ac guidelines.	gency-authorized work. I agree to follow all applicable safety
(Signature of Volunteer)	(Date)
The above - named agency agrees, while this arrangement is in effective available and needed to perform the service described above, and to tort claims and injury compensation to the extent not covered by your	consider you as a Federal employee only for the purposes of
(Signature of Government Representati	tive) (Date)
Termination of Agreement	
Volunteer requests formal evaluation Yes No	Evaluation Completed
voidificer requests formal evaluation res No	(Date)
Agreement terminated on	
(Date)	(Signature of Government Representative)

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