

# VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

1. <input checked="" type="checkbox"/> INDIVIDUAL		2. <input type="checkbox"/> GROUP																	
3. NAME OF AGENCY <b>USDA Forest Service</b>		4. AGREEMENT #11-VI-11021005-1__ __																	
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 <b>Northern Colorado Back Country Horsemen (NCBCH)</b>		8. NAME OF GROUP CONTACT (First, Last) <b>Nancy McDonald</b>																	
9. STREET ADDRESS		10. CITY, STATE, ZIP CODE																	
11. EMAIL ADDRESS	12. PHONE Home: Mobile:	13. AGE Parental signature required for youth volunteers. <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. <b>ETHNICITY &amp; RACE (Optional):</b> 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. <b>Ethnicity</b> (Select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	14b. <b>Race</b> (Select one or more, regardless of ethnicity): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <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																	
<b>EMERGENCY CONTACT INFORMATION</b>																			
15. NAME	16. PHONE Home: (    ) Mobile: (    )	17. EMAIL ADDRESS																	
<b>GOVERNMENT OFFICIAL COMPLETES THIS SECTION</b>																			
18. AGENCY CONTACT NAME <b>Kristy Wumkes</b>		19. AGENCY CONTACT EMAIL & PHONE <a href="mailto:kwumkes@fs.fed.us">kwumkes@fs.fed.us</a> 970-295-6721																	
20. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type and Rate of Reimbursement:		21. VOLUNTEER POSITION/GROUP PROJECT TITLE: <b>ADOPT A TRAIL PROGRAM- Trail Maintenance</b>																	
24. <b>Description of service to be performed.</b> Volunteers under the Canyon Lakes Ranger District ADOPT-A-TRAIL Program will perform trail maintenance on District trails. The group has adopted this/these trails: _____.																			
<p>Trail maintenance could include clearing brush and limbing from the trail corridor, cleaning, repairing, or replacing water drainage structures such as waterbars, removing downed trees across the trail, tread repair and sign maintenance or installation. Volunteers are responsible for providing their own leather work gloves, eye protection and personal gear. All work will conform to the standards set forth in EM-7720-102 Standard Specifications for Construction of Trails, or as directed by Forest Service personnel or Forest Service trained volunteer crew leaders assigned to this project. Volunteers will follow all Forest Service safety practices for safe work and tool handling, including wearing hard hats, long pants and close-toed shoes while performing trail work. Work is strenuous and at high elevation. All work will be scheduled and reported on the AAT website within two weeks of performance. The volunteer duty station is considered the trailhead for the trail that will be maintained. Youth that participate are not allowed to use swinging tools such as Pulaskis and axes until age 16. All youth participants must come with adult supervision. For safety reasons, backcountry travel should be done in teams of two or more. Completed training should be identified below.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Trails Training</th> <th style="text-align: left; border-bottom: 1px solid black;">Certification or completion date</th> </tr> </thead> <tbody> <tr> <td>USFS Basic Trail Maintenance</td> <td>_____</td> </tr> <tr> <td>USFS Crosscut cert- bucking*</td> <td>_____</td> </tr> <tr> <td>USFS Crosscut cert- falling*</td> <td>_____</td> </tr> <tr> <td>USFS Limbing &amp; Brushing</td> <td>_____</td> </tr> <tr> <td>USFS Chainsaw Cert*</td> <td>Level _____ Date _____</td> </tr> <tr> <td>COTI crew leader</td> <td>_____</td> </tr> <tr> <td>Other _____</td> <td>_____</td> </tr> </tbody> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; width: fit-content;"> <p>*Attach crosscut or chainsaw training certificate copy to agreement</p> </div>				Trails Training	Certification or completion date	USFS Basic Trail Maintenance	_____	USFS Crosscut cert- bucking*	_____	USFS Crosscut cert- falling*	_____	USFS Limbing & Brushing	_____	USFS Chainsaw Cert*	Level _____ Date _____	COTI crew leader	_____	Other _____	_____
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25. <b>Check all that apply:</b> <input type="checkbox"/> Description of service attached <input type="checkbox"/> List of group participants/optional form 301b attached <input checked="" type="checkbox"/> Job Hazard Analysis <input type="checkbox"/> Valid Driver's License Verified (if required)																			

<b>PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18</b>		
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
<b>VOLUNTEER &amp; GROUP LEADER AFFIRMATION/SIGNATURE IN INK</b>		
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. <input type="checkbox"/> I certify that I have completed Hazard Tree Awareness training.		
<b>I do hereby volunteer my services as described above, to assist in authorized activities on the Canyon Lakes Ranger District/US Forest Service and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group.</b>		
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
<b>TERMINATION OF AGREEMENT</b>		
36. Agreement Terminated Date:		Total Hours Completed:
37. Signature of Government Representative:		
<b>PUBLIC BURDEN STATEMENT</b>		
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.		
<b>PRIVACY ACT STATEMENT</b>		
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.		

Office administrative use: Website entry date \_\_\_\_\_ initials \_\_\_\_\_ Roster entry date \_\_\_\_\_ initials \_\_\_\_\_