

VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

1. VOLUNTEER AGREEMENT TYPE (choose one) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GROUP	2. IF GROUP, SELECT GROUP TYPE (choose from below): <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Business/Corporations <input type="checkbox"/> School/University/Education <input type="checkbox"/> Fraternal Organizations <input type="checkbox"/> Local/State/Tribal Government <input type="checkbox"/> Military/Veterans </div> <div style="width: 45%;"> <input type="checkbox"/> National Service <input type="checkbox"/> Faith Based <input type="checkbox"/> Youth Groups/Scouts <input type="checkbox"/> Other </div> </div>
3. NAME OF AGENCY/BUREAU	4. NAME OF VOLUNTEER GROUP (if applicable)
5. NAME OF INDIVIDUAL OR GROUP LEADER (Last, First, Middle)	6. STREET ADDRESS, APT. #
7. CITY, STATE, ZIP CODE	8. EMAIL ADDRESS
9. PHONE Home: _____ Mobile: _____	10. Date of Birth

INDIVIDUAL OR GROUP LEADER INFORMATION

11. CITIZENSHIP/RESIDENCY STATUS <input type="checkbox"/> U.S. Citizen or Legal Alien/Permanent Resident <input type="checkbox"/> Foreign National, list visa type _____	12. (Optional) ETHNICITY, RACE, GENDER: 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.	
12a. Ethnicity (Select one): <input type="checkbox"/> Hispanic, Latino, or Spanish origin <input type="checkbox"/> Not Hispanic, Latino, or Spanish origin	12b. 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 <input type="checkbox"/> Other	12c. Are you a Veteran or Active Duty Military? Active Duty <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No 12d. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
12e. Gender (Check all that apply): <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to disclose		

EMERGENCY CONTACT INFORMATION OF INDIVIDUAL OR GROUP LEADER

13. NAME (Last, First, Middle)	14. PHONE Home: _____ Mobile: _____	15. EMAIL ADDRESS
16. STREET ADDRESS, APT. #	17. CITY, STATE, ZIP CODE	

PARENTAL OR LEGAL GUARDIAN CONSENT FOR VOLUNTEER UNDER AGE 18

18. PARENT OR LEGAL GUARDIAN (Last, First, Middle)	19. PHONE Home: _____ Mobile: _____	20. EMAIL ADDRESS
21. STREET ADDRESS, APT. #	22. CITY, STATE, ZIP CODE	

23. I affirm that I am the parent/guardian of the above named volunteer. I understand that the agency volunteer program does not provide compensation and that the service will not confer on the volunteer the status of a Federal employee. I have read the Volunteer Service Agreement in its entirety and give my permission for _____ to participate in the specified volunteer activity.

 (NAME OF YOUTH)

VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

24. SIGNATURE OF PARENT OR LEGAL GUARDIAN (Required if under the age 18 years old)	DATE
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25. **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 and/or required trainings and certifications, level of physical activity required, etc. If this is a group agreement, the leader is to provide the group name and attach optional form 301b for each volunteer or a complete list of group participants.

26. Check all that apply:	<input type="checkbox"/> Description of service attached <input type="checkbox"/> Job hazard analysis / Risk management worksheet <input type="checkbox"/> List of group participants / Optional form 301b attached <input type="checkbox"/> Valid driver's license verified (if required)	<input type="checkbox"/> Background investigation <input type="checkbox"/> Reference check(s) <input type="checkbox"/> Scientist Emeritus (USGS only)
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VOLUNTEER (OR PARENT OR LEGAL GUARDIAN IF UNDER 18) & GROUP LEADER AFFIRMATION

27. I understand that I will not receive any compensation for the above service and that volunteers are NOT considered Federal employees except as required by law, e.g. tort claims and injury compensation.

I understand that volunteer service is not creditable for leave accrual or any other employee benefits.

I 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.

I understand that all publications, films, slides, videos, artistic, or similar endeavors, created as a result of my volunteer service as described in this agreement, will become the property of the United States, and as such, will be in the public domain and not subject to copyright laws.

I (or parent or legal guardian if under 18) do consent do not consent for the Agency to have free and unrestricted use of my likeness and voice in an image and/or video recording(s). I am aware that if used, they will be in the public domain and may appear on video, web, or printed media.

I understand the health and physical condition requirements for doing the work as described in this agreement and at the project location. I or group leader (or parent or legal guardian if under 18) do know do not know of any medical condition or physical limitation that may adversely affect the ability to provide this service.

If I do know of any medical condition or physical limitation impacting ability to perform service I have informed the Government Representative.

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 PROGRAM / PROJECT SITE(S)

28. SIGNATURE OF VOLUNTEER OR GROUP LEADER (OR PARENT OR LEGAL GUARDIAN IF UNDER 18)	DATE
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The hosting agency or bureau agrees, while this agreement is in effect, to provide such materials, equipment, and facilities that are available and needed to perform the service described above.

GOVERNMENT REPRESENTATIVE COMPLETES THIS SECTION

29. AGENCY CONTACT NAME (Last, First, Middle)	30. AGENCY CONTACT EMAIL
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VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES	
31. AGENCY CONTACT PHONE	32. ORGANIZATION CODE (USGS ONLY)
33. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input type="checkbox"/> No Type and Rate of Reimbursement:	34. VOLUNTEER POSITION/GROUP PROJECT TITLE
35. SIGNATURE OF AUTHORIZED OR DESIGNATED GOVERNMENT REPRESENTATIVE DATE	
TERMINATION OF AGREEMENT	
36. DATE AGREEMENT TERMINATED	
37. TOTAL HOURS COMPLETED	
38. SIGNATURE OF GOVERNMENT REPRESENTATIVE	39. AGREEMENT #

Hobe Sound Nature Center Volunteer Agreement

Name: _____

Date: _____

Please initial next to each statement, showing that you understand and agree to it:

_____ I will maintain a high commitment to personal safety and that of fellow volunteers, staff, and guests and immediately report any incidents and/or concerns to the Hobe Sound Nature Center staff.

_____ I will commit to at least six (6) months of volunteering for teens 13 – 17 years old or three (3) months for adults 18 years old and up with the Hobe Sound Nature Center.

_____ I will be respectful to staff, guests, and fellow volunteers at all times.

_____ I will follow the roles and responsibilities as outlined in my position description.

_____ I will be reliable and prompt and will notify the Hobe Sound Nature Center staff if I am unable to complete my scheduled shift. I also understand the Three Strike Policy (see reverse side).

_____ I will attend all mandatory training sessions and/or meetings unless alternatives have been arranged with the Hobe Sound Nature Center staff.

_____ I will sign in and out during every shift and accurately record my volunteer hours.

_____ I will dress appropriately (volunteer shirts can be obtained for a \$5 donation).

_____ I will commit to upholding the Hobe Sound Nature Center's mission of promoting an environmental awareness in people of all ages.

_____ I have read and understand the Hobe Sound Nature Center's Social Media Policy (see reverse side).

_____ I have read and understand the Hobe Sound Nature Center's Youth Protection Policy (see reverse side).

Signature

Date

Parent/Guardian Signature Needed for Volunteers under 18 years of age: I have reviewed and discussed the above agreement with my child. We understand that compliance with these commitments is required to volunteer at the Hobe Sound Nature Center.

Signature of Guardian

Date



Hobe Sound Nature Center Policies

Three Strike Policy: A strike will be given to the volunteer if s/he fails to appear at their scheduled shift without prior notice to the Hobe Sound Nature Center staff. An accumulation of three strikes and the volunteer will be removed from the Hobe Sound Nature Center volunteer program. Prior notifications to absences, either by email or phone, will not count as strikes. Emergencies will always be excused absences.

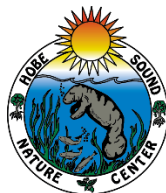
Social Media Policy: Any pictures taken while as a volunteer can be posted on any social media page if they follow these guidelines

- 1) The picture is taken in the museum or on the trail and not in the offices or behind the scenes area.
- 2) All teaching animals are being handled properly and the volunteer is wearing either the Hobe Sound Nature Center volunteer shirt or their name tag.
- 3) The picture represents the Hobe Sound Nature Center and Wildlife Refuge in a positive light.
- 4) When in doubt, ask a staff member.

Youth Protection Policy: All volunteers will maintain respect and proper contact with staff and other volunteers. Any volunteer who sees inappropriate behavior or sees a safety violation should report it to any staff member. Inappropriate behavior, either physical or verbal, will not be tolerated and will result in immediate dismissal from the volunteer program. Further precautions for volunteers ages 13-17 years old will be when/if working on the trail, volUNTEENS will be in groups of three (3).

Hobe Sound Nature Center Agreement to Volunteer

1. We will provide written information, training and support so you as a Volunteer are able to meet the responsibilities of your position.
2. We will respect the skills, dignity, and individual needs of the Volunteer, and adjust to accommodate individual requirements whenever possible.
3. We will be receptive to feedback from you as a Volunteer regarding ways in which we might improve our Volunteer program and mutually accomplish the Hobe Sound Nature Center's mission of promoting an environmental awareness to people of all ages.
4. We will maintain our commitment to the health and safety of all Volunteers, staff, and guests.
5. We will provide scholarship opportunities, letters of recommendations, reference letters, and/or proof of Volunteer hours to institutions that require it when asked by the Volunteer.



NOTICES**PRIVACY ACT STATEMENT****Authority:**

- 16 U.S.C. §1721 et. seq. – Public Lands Corps Act (PLC)
- 16 U.S.C. §4601 – Outdoor Recreation Authority
- 16 U.S.C. §558 a-d – Volunteers in the National Forests Program
- 16 U.S.C. §583j – Forest Foundation Volunteers
- 16 U.S.C. §1246 – Administration and development of national trails system
- 16 U.S.C. §1250 – Volunteer trails assistance
- 31 U.S.C. §3325 – Authorizes payment of vouchers
- 38 U.S.C. §4301 – The Uniformed Services Employment and Reemployment Rights Act
- 16 U.S.C. §1246(h)(1) – Agreements to Operate, Develop, and Maintain Portions of National Trails
- 54 U.S.C. §101702(a) Cooperative Agreements, Transfer of Service Appropriated Funds
- 54 U.S.C. §101702(b) Cooperative Agreements, Cooperative Research and Training Programs
- Presidential Memorandum -- Expanding National Service, July 15, 2013
- Department of the Interior Secretary Order No. 3333

Purpose: To allow eligible individuals to participate in sponsored volunteers and youth programs events, positions, and programs for federal agencies mandated to manage public natural and cultural resources.

Routine Uses: Participating federal agencies personnel will use this information to determine an individual's eligibility for placement, validate hours of service, and verify results of volunteer and youth related programs.

Disclosure: Furnishing this information is voluntary; however, failure to furnish this information may impede your reservation or program entry for programs offered by sponsor agencies.

PAPERWORK REDUCTION ACT STATEMENT

In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), the U.S. Department of Agriculture (USDA) and U.S. Department of the Interior (USDI) collect information necessary to manage the security, safety, reporting, recruitment, placement, training, on boarding, benefits, and experience of volunteers and related youth programs. Information requested in this form is purely voluntary. 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 currently valid OMB control number. OMB has approved this collection of information and assigned Control No. 1093-0006.

ESTIMATED BURDEN STATEMENT

We estimate public reporting for this collection of information to average 15 minutes, including time for reviewing instructions, gathering and maintaining data and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of the information collection to the Information Collection Clearance Officer, U.S. Department of the Interior, 1849 C Street, NW (OCIO-PPMD), Washington, DC 20240.

NOTICE TO PROGRAM PARTICIPANTS

By signing this application, the program participants (s) understand(s) s/he may be subject to a reference check, background check, and/or criminal history inquiry. Volunteers are not considered Federal employees for any purposes other than tort claims and injury compensation as per agency guidelines. Volunteers and related program participants are encouraged to verify with local sites all working conditions. Volunteer service is not creditable for leave accrual or any other benefit. However, volunteer service is creditable work experience.

The federal government prohibits 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 (i.e. youth programs may have age limits by law). To file a complaint of discrimination, write DOI, Director, Office of Civil Rights, 1849 C Street, NW, Mail Stop 4359, Washington, District of Columbia, 20240, Voice (202)-208-5693 FedRelay: 800-877-8339. Fax: 202-208-6112. The Federal Relay Service (FedRelay) allows individuals who are deaf, hard-of-hearing, deaf/blind, or have speech disabilities to have equal communication access. Calls are relayed using specially trained Communications Assistants.