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| **VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES** | | | | | | | | | | |
| 1. INDIVIDUAL | | | | | | | 1. GROUP | | | |
| 1. NAME OF AGENCY **Cuyahoga Valley National Park** | | | | | | | | 1. AGREEMENT # | | |
| 1. NAME OF VOLUNTEER (First, Last) | | | | | | | | 1. U.S. CITIZEN OR PERMANENT RESIDENT   Yes  No, list visa type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 7. NAME OF GROUP | | | | | | | 8. NAME OF GROUP CONTACT (First, Last) | | | |
| 9. STREET ADDRESS | | | | | | | 1. CITY, STATE, ZIP CODE | | | |
| 1. EMAIL ADDRESS | | | 1. PHONE   Home:  Mobile: | | | | | 1. AGE   Under 15  15 - 18  19 - 25  26 - 35  36 - 54  55 and Older | | |
| 1. **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):  Hispanic or Latino  Not Hispanic or Latino | 14b. **Race** (Select one or more, regardless of ethnicity):  American Indian or Alaskan Native Asian  Black or African American White  Native Hawaiian or Other Pacific Islander | | | | | | | | 14c. Are you a Veteran?Yes No | |
|  |  | | | | | | | | 14d. Do you have disability?YesNo | |
| EMERGENCY CONTACT INFORMATION | | | | | | | | | | |
| 1. NAME (Last, First) | | | | | 1. PHONE   Home:  Mobile: | | | 1. EMAIL ADDRESS | | |
| 1. STREET ADDRESS | | | | | 1. CITY, STATE, ZIP CODE | | | | | |
| **GOVERNMENT OFFICIAL COMPLETES THIS SECTION** | | | | | | | | | | |
| 1. AGENCY CONTACT NAME (Last, First)   Davis, Chris | | | | | | 1. AGENCY CONTACT EMAIL & PHONE   [Christopher\_Davis@nps.gov](mailto:Christopher_Davis@nps.gov); 330-342-0764 x 5 | | | | |
| 1. REIMBURSEMENTS APPROVED: Yes  No   Type and Rate of Reimbursement: | | | | | | 1. VOLUNTEER POSITION/GROUP PROJECT TITLE:   Habitat Restoration- (circle the Habitat Restoration position below) | | | | |
| 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  **Habitat Restoration:** Volunteers will work under the supervision of Resource Management Staff or experienced volunteers in one of four areas:  Invasive Plant Removal: volunteer will control invasive plants using hand pulling, clippers, loppers, folding saws, weed wrenches.  Seed Collection: volunteers will collect seeds by hand, with clippers, or sickles. Plant Installation: volunteer will install plants using shovels, trowels,  wheelbarrows and other appropriate tools. Nursery: volunteers assist with up-potting, seed sowing, weeding, and watering using clippers and trowels.  Time commitment varies by project. Equipment and training will be provided.  If the volunteer does not consent to being photographed or to the release of their photographic image, it is the responsibility of the volunteer to notify the on-site photographer and remove themselves from photo opportunities.  Chainsaw Maintenance Operation Restoration Wetmore Restoration Area  Horticulturalist Planting/Revegetation  Invasive Plant Removal Seed Collection  25. **Check all that apply:** Description of service attached List of group participants/optional form 301b attached  Job Hazard Analysis  Valid Driver’s License Verified(if required) | | | | | | | | | | |
| PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18 | | | | | | | | | | |
| 26. PARENT OR LEGAL GUARDIAN (First, Last) | | | | | 1. PHONE   Home:  Mobile: | | | 1. EMAIL ADDRESS | | |
| 1. STREET ADDRESS | | | | | 1. CITY, STATE, ZIP CODE | | | | | |
| 1. 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) | | | | | | | | | | |
|  | | | | | | | | | |  |
| 1. Parent/Guardian Signature | | | | | | | | | | Date |
| VOLUNTEER & GROUP LEADER AFFIRMATION | | | | | | | | | | |
| 1. 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 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.  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.  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 \_\_Cuyahoga Valley National Park\_\_\_ and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group. (NAME OF FEDERAL AGENCY) | | | | | | | | | | |
|  | | | | | | | | | |  |
| 1. Signature of Volunteer or Group Leader | | | | | | | | | | Date |
| JPB-page-002.jpgThe 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. | | | | | | | | | | |
|  | | | | | | | | | |  |
| 1. Signature of Government Representative | | | | | | | | | | Date |
| **TERMINATION OF AGREEMENT** | | | | | | | | | | |
| 1. Agreement Terminated Date: | |  | | Total Hours Completed: | | | | | | | |
| 1. Signature of Government Representative: | | | | | | | | | | | |
| **PUBLIC BURDEN STATEMENT** | | | | | | | | | | |
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| 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. | | | | | | | | | | |