

Volunteer Service Agreement—Natural & Cultural Resources

WORK DAY SIGN IN SHEET

All volunteers that participate with an organized group on a volunteer project must be signed in as participating in the work day activity on this form. By signing this form you agree to the terms of the project as defined in the attached Volunteer Service Agreement and affirmed by the organization and federal agency represents. Volunteers under age 18 must have written consent to participate in the activity granted by the parent or guardian to the group sponsor. Please indicate your willingness (yes) or unwillingness (no) for the Agency to use your photographic, video or audio images in performance of volunteer duties. **By completing this form, the volunteer is affirming they have read or been briefed on the Job Hazard Analysis and participated in a "Tailgate Safety Session".**

Project Title: Trail Maintenance on the Appalachian Trail (FT #1) or identified side trails as identified in the current volunteer agreement.						
Group Name: Natural Bridge Appalachian Trail Club				Agency: USDA, FS, GWJNF's, Glenwood & Pedlar Ranger Districts		
Group Contact Name (First, Last): Jason Hammer, Trails Supervisor		Telephone: (434) 401-4204 Email: hammerhike@yahoo.com	Agency Contact Name (First, Last): HALL, Kathy		Telephone: (540) 291-2188 Email: khall@fs.fed.us	
#	Volunteer Name (First, Last)	Signature	Telephone Number	Email Address	Photo Release	
					Yes	No

VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

1. <input type="checkbox"/> INDIVIDUAL		2. <input checked="" type="checkbox"/> GROUP	
3. NAME OF AGENCY: Glenwood & Pedlar Ranger Districts, GWJNF's		4. AGREEMENT # 2016-VS-11080813-66	
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 NATURAL BRIDGE APPALACHIAN TRAIL CLUB		8. NAME OF GROUP CONTACT (First, Last) Bill Bishop,	
9. STREET ADDRESS PO Box 3012		10. CITY, STATE, ZIP CODE Lynchburg, VA 24503	
11. EMAIL ADDRESS swilliambishop@gmail.com		12. PHONE Home: (434) 385-6349 Mobile: (434) 665-0453	
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) Hammer, Jason -- Supervisor of Trails		16. PHONE Home: (434) 401-4204 Mobile:	
		17. EMAIL ADDRESS hammerhike@yahoo.com	
18. STREET ADDRESS 5113 Inglewood Road		19. CITY, STATE, ZIP CODE Lynchburg, VA 24503-1017	
GOVERNMENT OFFICIAL COMPLETES THIS SECTION			
20. AGENCY CONTACT NAME (Last, First) Hall, Kathryn R.		21. AGENCY CONTACT EMAIL & PHONE khal@fs.fed.us, (540) 291-2188	
22. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type and Rate of Reimbursement:		23. VOLUNTEER POSITION/GROUP PROJECT TITLE: Trail maintenance on the Appalachian Trail National Scenic Trail (FT #1)	

10. **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 duties for members of the Natural Bridge Appalachian Trail Club include responsibilities and tasks as necessary to include, but not limited to:

- a) coordination and consultation on trail reconstruction, maintenance, and relocation projects and associated facility maintenance and replacement;
- b) trail maintenance and management practices as outlined in the current "Local Management Plan" for the Appalachian Trail;
- c) use of hand tools and power tools as necessary for trail maintenance projects. Chainsaw operation to be done only by club members issued a current Forest Service Chainsaw Operator Card and crosscut saw operation only to be done by club members issued a current Forest Service Crosscut Saw Operator Card. Must hold current CPR and First Aid certification in order for chainsaw and crosscut saw cards to maintain currency;
- d) and other duties as coordinated with the District Ranger or the delegated acting.

The Natural Bridge Appalachian Trail Club has the assigned trail maintenance responsibilities for the Appalachian National Scenic Trail from the Tye River at the Route 56 parking area traveling south to Black Horse Gap in Virginia. Associated blue blazed side trails included in this maintenance segment include: Henry Lanum Memorial, Mt. Pleasant Spur, Old Hotel, Saddle Gap, Rocky Row, Hunting Creek, Little Cove Mountain, Spy Rock Side, A.T. shelter side trails, Matts Creek, Apple Orchard Falls, Cornelius Creek, Piney Ridge, Balcony Falls, Belfast, Gunter Ridge, Terrapin Mountain, Salt Log Gap and Lovington Spring Trails. Some additional trails that receive occasional maintenance include: Hammond Hollow, Buchanan, Cove Mountain, and Spec Mine Trails.

Recognize that private ownerships and other public ownerships are intermingled with National Forest ownership on the Glenwood and Pedlar Ranger Districts and that it is not the intent of this volunteer agreement to modify or interfere with the use of such lands nor to authorize in any way the use of such private and other public land except as the United States, through the Forest Service, may have ingress and egress rights over such lands. Portions of this section of trail include lands managed by the National Park Service (Blue Ridge Parkway) covered under a separate agreement with the club.

Annually, on or about January 1, the club will send to the Glenwood and Pedlar Ranger Districts, Attention: Volunteer Coordinator, an updated membership and officer roster to be attached to and made a part of this sponsored volunteer agreement. For each scheduled event taking place on National Forest lands, the club will submit a roster of participants and the hours contributed for each to the District office at 27 Ranger Lane, Natural Bridge Station, VA 24579 on the attached OF310b form.

Trail club volunteers will be considered "on-duty" when performing tasks in the area of assigned responsibility and "off-duty" in all other instances.

If individual volunteers within the club are authorized to operate a government vehicle for official business, they must hold a valid state driver's license, take a defensive driving course every three (3) years, and complete all the necessary forms provided by the USFS.

This agreement can be modified at any time with the written consent of each party. **This agreement will expire 02/01/2021.**

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)	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 _____

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:

- 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 Glenwood & Pedlar RD's, GWJNF's 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 S. William Bishop, PRESIDENT, UBATC Date 2-26-16

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 [Signature] Date 3/1/16

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.

Southern Region Attachment 1

Volunteer Services Agreement for Natural Resource Agencies (OF301a)

Sponsored Volunteer Agreement Number: 2016-VS-11080813-66 (NBATC)

The following special provisions apply to the above-referenced Sponsored Volunteer Agreement. This Sponsored Volunteer Agreement is entered into to the mutual benefit of both organizations. The intent of this agreement is to streamline administrative processes associated with signing up volunteers by eliminating the need to enter into Individual Volunteer agreements with each person participating in service on behalf of the US Forest Service and the Sponsor.

Special Provisions:

- (1) In accordance with US Forest Service policy and the authorities contained within the Volunteers in the National Forests Act of 1972, individual volunteers contributing under this agreement will be considered federal employees for purposes (and only for purposes) of worker's compensation and tort to the extent not covered by the sponsor. In the case of this particular agreement, the sponsor (circle one) WILL or WILL NOT provide some form of worker's compensation and tort coverage.
- (2) The sponsor agrees to ensure all volunteers recruited, trained, and sponsored pursuant to this agreement will adhere to US Forest Service Health and Safety Code Handbook provisions. The sponsor also agrees to ensure that all volunteers understand the health and physical condition requirements of the service project for which they are being recruited, and that the volunteers have an opportunity to disclose any medical conditions that may affect their ability to serve. Records of tailgate safety sessions and disclosed medical or physical conditions will be kept by the sponsor, and made available to the US Forest Service upon request.
- (3) The US Forest Service recognizes the significant benefits to public lands and government interests derived from the empowerment of the sponsor to recruit, train, and accept the services of, volunteers who spontaneously join in service. Therefore this agreement does not limit the sponsor to members of their organization, or to the known roster of volunteers existing at the time of agreement signature. The sponsor is, however, required to keep an up-to-date and accurate list of all volunteers contributing under this agreement, and to provide that list to US Forest Service managers immediately upon request. In the unfortunate event of a volunteer injury, the sponsor will be required to provide written proof that the volunteer was indeed recruited, trained, and serving in accordance with the provisions of this agreement prior to US Forest Service provision of Volunteers in the National Forests Act benefits.

Acceptance by the US Forest Service



Acceptance by the Sponsor


