

VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

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|---|-----------|---|-------------|
| 1. VOLUNTEER AGREEMENT TYPE (Choose 1) <input type="checkbox"/> Individual OR <input type="checkbox"/> Group | | 2. NAME OF GROUP (if applicable) | |
| 3. NAME OF VOLUNTEER OR GROUP LEADER COMPLETING FORM (Last, First) | | 4. U.S. CITIZEN OR PERMANENT RESIDENT <input type="checkbox"/> Yes, I am a U.S. citizen or Permanent Resident <input type="checkbox"/> No, I am not a US Citizen or Permanent Resident (if applicable, list visa type _____) | |
| 5. STREET ADDRESS, APT # | 6. CITY | 7. STATE | 8. ZIP CODE |
| 9. DATE OF BIRTH | 10. PHONE | 11. EMAIL ADDRESS | |

12. DEMOGRAPHIC INFORMATION (Optional): Please indicate 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.

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| 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 | 12c. Are you a Military Veteran or Active Duty Military? <input type="checkbox"/> Yes <input type="checkbox"/> No 12d. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|--|

EMERGENCY CONTACT INFORMATION

| | | | |
|---------------------------|-----------|-------------------|--------------|
| 13. NAME (Last, First) | 14. PHONE | 15. EMAIL ADDRESS | |
| 16. STREET ADDRESS, APT # | 17. CITY | 18. STATE | 19. ZIP CODE |

GOVERNMENT OFFICIAL COMPLETES THIS SECTION

| | |
|--|---|
| 20. NAME OF AGENCY/ BUREAU | 21. AGREEMENT # |
| 22. AGENCY CONTACT NAME (Last, First) | 23. AGENCY CONTACT EMAIL & PHONE |
| 24. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input type="checkbox"/> No Type and Rate of Reimbursement: | 25. VOLUNTEER POSITION/GROUP PROJECT TITLE: |

26. **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.

VOLUNTEER/SERVICE ACTIVITY ABSTRACT

27. **Check all that apply:** Description of service attached OF-301b Volunteer Sign-up Form for Groups attached Risk Assessment attached
 Valid Driver's License required Background Investigation required
 Medical Clearance Required Other:

PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18

| | | | |
|---------------------------|-----------|-------------------|--------------|
| 28. NAME | 29. PHONE | 30. EMAIL ADDRESS | |
| 31. STREET ADDRESS, APT # | 29. CITY | 30. STATE | 31. ZIP CODE |

32. I affirm that I am the parent/guardian of the abovenamed 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.
 33. (NAME OF YOUTH)

| | |
|-------------------------------|------|
| 34. Parent/Guardian Signature | Date |
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VOLUNTEER & GROUP LEADER AFFIRMATION

35. I understand that I will not receive any compensation for the above service and that volunteers are NOT considered Federal employees except as otherwise provided by law. 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.
- I know of no medical condition or physical limitation that may adversely affect my (or members of the group's) ability to provide this service. (If a group, see attached OF-301b)
- I consent to being photographed and to the release of my photographic image. (If a group, see attached OF-301b)

I do hereby volunteer my services as described above, to assist in authorized activities at _____ and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group. (NAME OF FEDERAL AGENCY)

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|--|------|
| 36. Signature of Volunteer or Group Leader | Date |
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The abovenamed 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.

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| 37. Signature of Government Representative | Date |
|--|------|

TERMINATION OF AGREEMENT

| | |
|---|------------------------|
| 38. Agreement Terminated Date: | Total Hours Completed: |
| 39. Signature of Government Representative: | |

PUBLIC BURDEN STATEMENT

Completing this form is voluntary, but failure to provide the information will prevent program participation. 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 1093-0006. 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. The U.S. Department of the Interior (USDOL), U.S. Department of Agriculture (USDA), U.S. Department of Defense (USDOD), and U.S. Department of Commerce (USDOC) are equal opportunity providers and employers and 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.) Persons with disabilities who require alternative means of communication of program information should contact the volunteer program to which they are applying. If you would like to file a Section 508-related complaint, please contact the DOI Section 508 Program via email at section508@ios.doi.gov or phone (202) 208-1530.

PRIVACY ACT STATEMENT

Collection and use is covered by Privacy Act System of Records INTERIOR/DOI-05 Interior Volunteer Services File System (which may be viewed at <https://www.doi.gov/privacy/doi-notices>) and OPM/GOVT-1 General Personnel Records (which may be viewed at <https://www.opm.gov/information-management/privacy-policy/#url=SORNs>) 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 information is used to identify persons interested in participating in a government volunteer program, managing the volunteer program, including tort claims and injury compensation. Records or information contained in this system may be disclosed outside the agencies participating in this program as a routine use pursuant to 5 U.S.C. 552a(b)(3). Completing this form is voluntary, but failure to provide the information will prevent program participation.

Volunteer Agreement

This volunteer agreement is effective [Agreement Start Date] between [Organization] and [Volunteer Name] and expire [Agreement Expiration Date]. This agreement must be completed annually.

The Volunteer is willing to donate their time and services to the organization listed above, in turn the organization is willing to accept such time and service by the Volunteer.

In consideration of the above, the parties hereby agree to the following terms and conditions:

Services

The volunteer is able to provide the following services as well as take account of other needs the organization may have:

[Service provided]

Wages

The volunteer understands the services provided will be a donation and under no circumstances will expect wages, salary, or benefits from the organization for the services provided within this volunteer agreement.

Supervision

The Volunteer should report to [Supervisor Name] on each day services are provided for instruction and guidance.

Employment

The Volunteer understands they are under no circumstances considered an employee of the Organization. Furthermore, the Organization acknowledges the Volunteer is not an employee and may provide services at free will. The Volunteer will receive no employee benefits; however, they are entitled to Worker's Compensation.

Liability

The Volunteer agrees to indemnify and hold the Organization harmless against any damages related to the Volunteer's activity.

Additionally, the Organization shall hold the Volunteer harmless against any damages related to the Volunteer's service.

Term

This volunteer agreement shall begin on [Agreement Start Date] and will end on [Agreement Expiration Date].

The Volunteer has agreed to provide [Total.Hours] hours per week during the term of this agreement.

Termination

Because the Volunteer is not an active employee, they may terminate this volunteer agreement at any time for any reason they deem necessary.

The Organization may decline to accept the Volunteers time and may terminate this agreement without prior notification.

Emergency

In the event that an emergency should occur while the Volunteer is providing services, the following contact should be notified immediately.

Emergency Contact Name: [EmergencyContact.Name]

Emergency Contact Phone: [EmergencyContact.Phone]

Agreement

By signing below, both parties agree to the terms of this volunteer agreement.

Volunteer:

Exclusivity Agreement Template1

Organization:

Exclusivity Agreement Template1



Florida Department of Environmental Protection Florida Park Service Volunteer Agreement



As a volunteer for the Florida Department of Environmental Protection, Florida Park Service (FPS), at _____ State Park (*print name*)

I, _____ (*print name*), agree to abide by all applicable FPS rules, policies, and standards governing volunteers. I acknowledge it is my responsibility to become familiar with the contents of the Florida Park Service Volunteer Handbook. A copy may be provided by the park and can be found online: <http://floridastateparks.org/getinvolved/volunteer.cfm>

Volunteer Agreement Standards

I agree to:

1. Support the FPS mission and policies when communicating with the public, staff, and fellow volunteers.
2. Present a professional park image and follow all FPS uniform requirements as outlined in the Operations Manual, and I agree to purchase uniform items as assigned or required by my position.
3. Uphold a high level of customer service and professionalism at all times, to include maintaining a courteous and supportive attitude.
4. Only participate in approved assignments and duties as outlined in my position description.
5. Participate in all mandatory FPS trainings as well as those required for my position.
6. Make a good faith effort to resolve differences and problems and refrain from malicious talk, negative criticism or unfounded statements regarding fellow volunteers, staff or the FPS.
7. Abstain from using my position to secure special privileges, benefits, personal business, or exemptions for others or myself.
8. Only use state equipment, office space, and vehicles as assigned to me for my position, and return all state property (including uniforms, ID cards, passes, etc...) issued to me at the end of my service.
9. Implement all FPS safety standards and report job-related injuries immediately to supervisory staff.
10. Report volunteer hours and other information as required by my supervisor.
11. Request clarification of rules and policies that I do not understand.
12. If a resident volunteer, I understand that I am required to volunteer a minimum of _____ hours per week. I understand that I may only reside in any single state park for a maximum of 16-weeks during a fiscal year. My agreement is from _____ (*date*) to _____ (*date*).

Volunteers are not considered to be employees of the State of Florida. Volunteers are covered by state liability protection (Section 768.28, F.S.) and by workers' compensation (Chapter 440, F.S.). No other benefits of collective bargaining agreements apply. I understand my volunteer performance will be evaluated. I also understand my service can be terminated by the FPS, or I can terminate my volunteer status, at any time, with or without cause, and I do not have the right to grieve or appeal. I understand that volunteers on duty for the Department may be photographed or videoed and the materials may be used to promote the Department. No further releases are required.

Volunteer's Signature

Supervisor's Signature / Park

Date*

Date*

**Agreement must be renewed annually.*

If volunteer is under 18: I, _____ (*print name of parent or guardian*), understand and agree to the above FPS volunteer rules, policies, and standards governing volunteers and do hereby grant permission for _____ (*name of applicant*), date of birth _____, to participate in volunteer activities with the FPS.

Signature of Parent / Guardian

Date

The mission of the Florida Park Service is to provide resource-based recreation while preserving, interpreting and restoring natural and cultural resources.