

VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

1. <input checked="" type="checkbox"/> INDIVIDUAL		2. <input type="checkbox"/> GROUP (only for use Adult Groups)	
3. NAME OF AGENCY – NPS Delaware Water Gap NRA		4. AGREEMENT #	
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		8. NAME OF GROUP CONTACT (First, Last)	
9. STREET ADDRESS		10. CITY, STATE, ZIP CODE	
11. EMAIL ADDRESS	12. PHONE Home: Mobile:	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)	16. PHONE Home: Mobile:	17. EMAIL ADDRESS	
18. STREET ADDRESS	19. CITY, STATE, ZIP CODE		
GOVERNMENT OFFICIAL COMPLETES THIS SECTION			
20. AGENCY CONTACT NAME (Last, First) Kavanaugh, Jennifer		21. AGENCY CONTACT EMAIL & PHONE <u>Jennifer_kavanaugh@nps.gov</u> 570-460-9415	
22. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type and Rate of Reimbursement:		23. VOLUNTEER POSITION/GROUP PROJECT TITLE: NY NJ Trail Conference	
24. Description of service to be performed. SEE ATTACHED SHEET VOLUNTEER/SERVICE ACTIVITY ABSTRACT			
<p>The NPS plan for adaptive recovery best practices follows the Center for Disease Control (CDC), federal and local guidance. In turn, Delaware Water Gap National Recreation Area (DEWA) strongly recommends and encourages all volunteers to follow the Center for Disease Control (CDC) guidance https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html while we are still in the global COVID-19 pandemic. Including:</p> <ul style="list-style-type: none"> - Social distancing (6 feet) should be maintained. - Wear a cloth face covering when closer than six feet. - Wash hands with soap and water regularly for a minimum of 20 seconds. - Use a 60% or higher alcohol-based hand sanitizer when water and soap are not available. <p style="text-align: center;">(See Attached Position Description)</p> <p>The National Park Service policy on the ethical conduct and responsibilities of employees also applies, with the exception of restrictions on outside employment, to our volunteers. It is our policy and expectation that all employees and volunteers will maintain especially high standards of honesty, impartiality, character, and conduct to ensure the proper performance of Government business and the continual trust and confidence of the citizens of the United States. The Service prohibits workplace harassment on the basis of race, color, religion, age, disability, national origin, reprisal, sex (whether or not of a sexual nature) or sexual orientation, and genetic information.</p>			
25. Check all that apply: <input checked="" 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)			

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: <input checked="" 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.		
I do hereby volunteer my services as described above, to assist in authorized activities at <u>Delaware Water Gap NRA</u> 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		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
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.		