



Department of Conservation and Recreation Volunteer/Stewardship Agreement Form

INSTRUCTIONS

DCR's VSA Form is expected to serve as the primary vehicle for proposing volunteer activities on DCR property pursuant to [DCR's Volunteers in Parks Program Guide: Guidelines, Requirements, & Standards](#). Before completing this form, we encourage you to visit our website and review this guide.

If approved, the VSA Form will serve as an agreement between DCR and the project/event proponent and will act as documentation of DCR's approval of a volunteer activity. The VSA Form may be used to propose a single volunteer activity or several volunteer activities. Nonprofit Organizations may also use this form to propose and request DCR co-sponsorship of volunteer stewardship or fundraising/special event activities.

Please complete all applicable fields on this form to the best of your ability so we can assist you in having a successful volunteer experience. Attach any additional relevant information (such as maps, diagrams, schedules, etc.) that will be helpful in DCR's review.

This form may be filled out on your computer. We strongly encourage you to do so and to send a copy of your completed VSA Form via email to the Facility Supervisor or manager of a property where you would like to conduct a volunteer activity. For information on contacting DCR's Regional and District Offices to obtain appropriate email contact information, please refer to our [DCR's Volunteers in Parks Program Guide](#).

If your VSA Form proposes volunteer stewardship activities that do not include any fundraising/special events, please submit your completed form to the DCR Facility Supervisor or manager at least **14 days** prior to the proposed date of your volunteer stewardship activity. DCR may waive the 14-day requirement in the case of "Common Volunteer Activities" listed in Section II of the [DCR's Volunteers in Parks Program Guide](#).

If your form includes any fundraising/special event activities, please submit your completed form to the DCR Facility Supervisor or manager at least **45 days** prior to the proposed event date(s).

There is no fee for submitting this form to DCR for review and consideration. If any of the information on this form changes, please notify DCR as soon as possible.

PART A - APPLICANT / ORGANIZATIONAL CONTACT INFORMATION

Name: Western Massachusetts Climbers' Coalition Phone : 413-493-1974
Address: 25 Parkview Drive Cell: 413-427-1772
South Hadley, MA 01075 Email: wmcc@climbgneiss.org

Organization Information (if applicable)

Name of Organization: Western Massachusetts Climbers' Coalition
Director/President's Name: Peter Clark
Organization Website: www.climbgneiss.org
Organization Address: 25 Parkview Drive
South Hadley, MA 01075 Phone: 413-493-1974

☒ Yes ☐ No

(Double-click on box, choose "checked," then click OK)

Please indicate by checking "Yes" or "No" if your organization is a Nonprofit Organization that is either: a registered 501(c)(3); or a non-for-profit organization that services a public benefit and is operated primarily for charitable, civic, educational, religious, welfare, or health purposes.

Please note that if you checked "No" above, DCR strongly encourages that you refer to Section VIII of [DCR's Volunteers in Parks Program Guide: Guidelines, Requirements, & Standards](#) for additional information.

PART B - VOLUNTEER ACTIVITY INFORMATION

Activity Detailed Description *(Include any information describing anticipated goals, outcomes, or benefits. Note any known regulatory requirements and/or permits needed to perform the proposed activity. Note whether the proposed activities are related/pursuant to an existing MOA with DCR. Attach any site set-up maps, route maps, road or lane closures, etc. to assist in DCR's review. If proposing a fundraising/special event, please answer Part C below):*

The goal of the "activity" is to provide technical and management support to DCR with regards to technical rock climbing activities within the DCR park system to promote resource conservation, recreational access and environmental stewardship at these areas. While technical rock climbing opportunities are present at several DCR properties, the goal of this agreement is to offer support specifically at Wendell State Forest regarding rock climbing activities.

The Western Massachusetts Climbers' Coalition (WMCC), as the regions primary climbing advocacy and preservation organization, has a reputable history of effectively protecting and managing rock climbing resources in western Massachusetts (see attached *Farley Management Plan.pdf*). Wendell State Forest contains several notable rock climbing resources including bouldering, sport climbing and traditional climbing, which over the past 12 years, the WMCC has helped to protect and preserve. The WMCC would like to further its goals of developing constructive working relationships with land owners and land managers to ensure the protection and preservation of our valuable climbing resources. This agreement would represent an ongoing commitment of the WMCC to continue to work with DCR at Wendell State Forest to ensure the effective natural resource management and protection of the rock climbing opportunities within the park in the form of trail construction/reconstruction, cliff management, route development and access.

Note: Certain activities may require additional environmental permits from state agencies (such as the Natural Heritage and Endangered Species Program) or local conservation commissions or may require review by appropriate DCR divisions or bureaus.

Location(s) *(Name all DCR properties where activities are proposed to take place. You may attach any relevant maps to assist DCR in its review):*

Wendell State Forest (primary)
Leominster State Forest, Quincy Quarries, Blue Hills Reservation, Skinner State Park, Hammond Pond Reservation, Purgatory Chasm State Reservation

Timeframe

If the proposed volunteer activity is intended to occur on specific dates and times please complete the chart below:

Date(s)	Set-up Time	Activity Start Time	Activity End Time	Clean-up End Time
TBD				

If the proposed activity is seasonal or on-going in nature, please use the space below to describe the approximate time of year, number of weeks, months, and/or days anticipated to perform the activity during the course of the year:

Annually, the WMCC would offer assistance to DCR to identify issues of potential concern. These may include trail erosion concerns, access or anchor management issues as examples. The WMCC would work with DCR to develop a strategy to minimize and/or mitigate the concerns through a definitive action plan informed by our experience managing climbing resources and the attached management plans. The plan would include a single or multiple day effort of WMCC volunteer support to construct or implement the chosen strategy.

Tools & Equipment *(Please list any tools or equipment that will be used or set-up during the activity. This might include items such as power tools, portable toilets, tents, stages, vehicles, food service equipment, etc.):*

Normal tools include general trail construction equipment (rakes, shovels, pry bars, chain saws). The WMCC typically would provide free beverage and food services for volunteer support. Services would vary depending on time, location and nature of work.

Note: Individuals operating certain power tools, such as chainsaws, may need evidence of training certification depending upon project scope.

Note: Set-up and use of certain equipment such as tents, stages, and food service equipment may require permits from state or local public health or

public safety agencies.

Regulatory/Permitting or Training Certifications *(Please list any known regulatory or permitting certifications or training certifications you or your volunteers might need in order to perform the proposed activities):*

No specific training certificates are required however members performing the most critical work often have construction training and experience, American Mountain Guide Association certifications and/or wilderness first aid experience.

Utilities, Equipment, & Facility Requests *(Please list anything you are requesting that DCR provide. This might include equipment like trash receptacles/bags, gloves, use of restrooms, use of electricity, etc.):*

None known. Possibly rest rooms, electricity and dump truck access.

Participant Estimates:

Approximate Number of Volunteers:

20/event average

Approximate Number of Spectators or Event-goers *(if applicable)*:

N/A

Refreshment / Food Service *(If applicable, please use the space below to describe any refreshments or food you plan to serve and any food vendors or caterers you plan to utilize for food service):*

If food is provided, it would consist of hot coffee or other prepared & packaged beverage, pastries, prepackaged energy bars, and/or fruit.

Note: Service of food prepared on-site may require evidence of a permit from a local public health or safety agency.

PART C - NONPROFIT ORGANIZATION FUNDRAISING / SPECIAL EVENT ACTIVITIES

For Nonprofit Organization Applicants Only:

MGL c. 21, §17G allows DCR to co-sponsor fundraising/special event activities on DCR property with Nonprofit Organizations so long as the event/activity (a) furthers a public purpose of the Department and (b) any funds raised are used and expended only for supporting or improving a DCR facility or program. If DCR chooses to cosponsor it may extend the Commonwealth's liability protections to your volunteers according to the provisions in [DCR's Volunteers in Parks Program: Guidelines, Requirements, & Standards](#).

☐ Please check this box if you are a Nonprofit Organization and your organization is proposing any fundraising / special event activities as part of this agreement.

If you checked the box above, please use the space below to describe how your event (a) furthers a public purpose of the Department and (b) how any funds raised will be used and expended for supporting or improving a DCR property or program.

PART D - APPLICANT CERTIFICATION

- ☒ By checking this box, I, the below-named applicant, hereby certify that I have reviewed, understand, and agree to abide by the provisions in [DCR's Volunteers in Parks Program: Guidelines, Requirements, & Standards](#) and that the foregoing information accurately reflects the nature, scope, and extent of the volunteer activities and/or fundraising / special event activities proposed. I also understand that DCR may require additional conditions as outlined in the following section and that this agreement does not take effect until the appropriate DCR staff member signs in the appropriate place below.

Type Your Name: Jeffrey Squire

Title *(if applicable)*: Board Member

Organization *(if applicable)*: Western Massachusetts Climbers' Coalition

PART E - DCR SIGNATURE

The proposed volunteer activities contained in this agreement have been reviewed and are:

- ☐ Approved with no additional comments or conditions
- ☐ Approved with the following additional conditions

This agreement shall be valid beginning on the date indicated below and shall be valid through: _____
(Month / Day / Year)

(Signature) *(Date)*

(Print Name)

(Title)