

VOLUNTEER SERVICES AGREEMENT
FORM GUIDELINES FOR STEWARDSHIP PROJECTS

1. This form needs to be filled out by **ALL** of your students' parents.
2. Not all of your students may end up doing a stewardship project. We still need this form, signed by their parents, to cover them in case they do a project (this includes picking up litter).
3. This form is absolutely necessary for Yosemite National Park.
4. **Lead faculty** needs to fill out the top section (you can use the school's phone number and address) and sign the top of the back page (on the line for, "signature of volunteer or group leader"). You can then photocopy the form for all of your students.
5. Parents only need to fill out the middle section of the first page.
6. Despite what is mentioned on the top of the back page, a background investigation is not required for the stewardship work you do for Yosemite.
7. Please keep all of these forms together and turn them in separately to Yosemite Institute with the medical release and acknowledgement of risk forms.
8. Thank you. Turning in this form will help the park increase funding for volunteer work. As you can imagine, Yosemite National Park truly needs those funds.

Volunteer Services Agreement for Natural Resources Agencies

for Individuals or Groups

Please print when completing this form

Site Name YOSEMITE NATIONAL PARK	Agency NATIONAL PARK SERVICE, DOI		Reimbursement (if any) NONE
Name of Volunteer or Group Leader – Last, First, Middle	Home Phone	Cell Phone	Email Address
Street Address	City	State	Zip Code

IF VOLUNTEER IS UNDER AGE 18 – Name of Parent or Guardian	Home Phone	Cell Phone	Email Address
Street Address	City	State	Zip Code

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 work that the volunteer will perform.

I give my permission for _____ to participate in the specified volunteer activity sponsored

by _____ at YOSEMITE NATIONAL PARK
(Name of Sponsoring Organization, if applicable) (Name of Volunteer Duty Station)

From _____ to _____
(Date) (Date) (Parent/Guardian Signature) (Date)

Emergency Contact Name	Home Phone	Cell Phone	Email Address
Street Address	City	State	Zip Code

GOVERNMENT OFFICIAL COMPLETES THIS SECTION

Brief description of work to be performed. *Include details such as minimum time commitment required, use of personal equipment, use of government vehicle, etc. Attach the complete job description to this form. If this is a group agreement, the leader is to provide the group name, a complete list of group participants to be attached to this form, and parental approval (above) completed for each volunteer under the age of 18.*

Volunteers will take part in a variety of projects, which may include litter removal, invasive species removal, asphalt removal, conifer removal, water quality monitoring, Sequoia monitoring, seedling surveys, animal recording, bear box monitoring and cleaning, snow shoveling, Great Gray owl survey, acorn collecting, and related resource preservation and restoration work. The work usually last for about an hour and can involve digging with shovels, using cleaning materials and scientific equipment. Volunteers will be provided appropriate safety training and instruction of correct usage of tools.

Government Vehicle required?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Valid State Driver's License <input type="checkbox"/> International Driver's License
Personal Vehicle to be used?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Please verify that the volunteer is in possession of one of these documents. DO NOT keep a copy of the document for his/her file.

I understand that I will not receive any compensation for the above work 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 background investigation 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 do hereby volunteer my services as described above, to assist in agency-authorized work.

(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 work described above, and to consider you as a Federal employee only for the purposes of tort claims and injury compensation.

(Signature of Volunteer Manager/Coordinator)

(Date)

Termination of Agreement

Volunteer requests formal evaluation ☐ Yes ☐ No

Evaluation Completed _____
(Date)

Agreement terminated on _____
(Date) (Signature of Volunteer Manager/Coordinator)

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.

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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.