

## VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

|   |           |   |             |
|---|-----------|---|-------------|
| 1. VOLUNTEER AGREEMENT TYPE (Choose 1)<br><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<br><input type="checkbox"/> Yes, I am a U.S. citizen or Permanent Resident<br><input type="checkbox"/> No, I am not a US Citizen or Permanent Resident<br>(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.

|   |   |  |
|---|---|--|
| 12a. <b>Ethnicity</b> (Select one):<br><input type="checkbox"/> Hispanic, Latino, or Spanish Origin<br><input type="checkbox"/> Not Hispanic, Latino, or Spanish Origin | 12b. <b>Race</b> (Select one or more, regardless of ethnicity):<br><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American <input type="checkbox"/> White<br><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<br>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<br>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 |
|-------------------------------|------|

**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)

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

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.

|  |      |
|--|------|
| 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.

## Hobe Sound Nature Center Volunteer Agreement

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please initial next to each statement, showing that you understand and agree to it:**

\_\_\_\_ (ages 18+) I consent to a personal background check and my email is:

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_ I will maintain a high commitment to personal safety and that of fellow volunteers, staff, and guests. I will immediately report any incidents and/or concerns to the HSNC Staff.

\_\_\_\_ I will commit to at least six (6) weeks of volunteering with the Hobe Sound Nature Center

\_\_\_\_ I will be respectful to staff, guests and fellow volunteers as well as following the roles and responsibilities in my position description at all times. Discrimination of any kind will not be tolerated.

\_\_\_\_ I will be reliable and prompt, and will notify the Hobe Sound Nature Center staff (in advance) if I am unable to complete my scheduled shift. I also understand the Three Strike Policy (see reverse side).

\_\_\_\_ I will attend all mandatory training session and/or meetings unless alternatives have been arranged with the Hobe Sound Nature Center Staff.

\_\_\_\_ I will sign in and out during every shift and accurately record my volunteer hours.

\_\_\_\_ I will dress appropriately. (Additional Volunteer shirts can be purchased for \$10).

\_\_\_\_ I will commit to upholding the Hobe Sound Nature Center's mission of promoting an Environmental Awareness in people of all ages.

\_\_\_\_ I have read and understand the Hobe Sound Nature Center's Social Media Policy and Youth Protection Policy (see reverse side).

---

Signature

Date

**Parent/Guardian Signature Needed for Volunteers under 18 years of age: I have reviewed and discussed the above agreement with my child. We understand that compliance with these commitments is required to volunteer at the Hobe Sound Nature Center.**

---

Signature of Guardian

Date

## Hobe Sound Nature Center Policies

**Three Strike Policy:** A strike will be given to the volunteer if s/he fails to appear at their scheduled shift without prior notice to the Hobe Sound Nature Center staff. An accumulation of three strikes and the volunteer will be removed from the Hobe Sound Nature Center volunteer program. Prior notifications to absences, either by email or phone, will not count as strikes. Emergencies will always be excused absences.

**Social Media Policy:** Any pictures taken while as a volunteer can be posted on any social media page if they follow these guidelines

- 1) The picture is taken in the museum or on the trail and not in the offices or behind the scenes area.
- 2) All teaching animals are being handled properly and the volunteer is wearing either the Hobe Sound Nature Center volunteer shirt or their name tag.
- 3) The picture represents the Hobe Sound Nature Center and Wildlife Refuge in a positive light.
- 4) When in doubt, ask a staff member.

**Youth Protection Policy:** All volunteers will maintain respect and proper contact with staff and other volunteers. Any volunteer who sees inappropriate behavior or sees a safety violation should report it to any staff member. Inappropriate behavior, either physical or verbal, will not be tolerated and will result in immediate dismissal from the volunteer program. Further precautions for volunteers ages 13-17 years old will be when/if working on the trail, volUNTEENS will be in groups of three (3).

## Hobe Sound Nature Center Agreement to Volunteer

1. We will provide written information, training and support so you as a Volunteer are able to meet the responsibilities of your position.
2. We will respect the skills, dignity, and individual needs of the Volunteer, and adjust to accommodate individual requirements whenever possible.
3. We will be receptive to feedback from you as a Volunteer regarding ways in which we might improve our Volunteer program and mutually accomplish the Hobe Sound Nature Center's mission of promoting an environmental awareness to people of all ages.
4. We will maintain our commitment to the health and safety of all Volunteers, staff, and guests.
5. We will provide scholarship opportunities, letters of recommendations, reference letters, and/or proof of Volunteer hours to institutions that require it when asked by the Volunteer.



**NOTICES****PRIVACY ACT STATEMENT****Authority:**

- 16 U.S.C. §1721 et. seq. – Public Lands Corps Act (PLC)
- 16 U.S.C. §4601 – Outdoor Recreation Authority
- 16 U.S.C. §558 a-d – Volunteers in the National Forests Program
- 16 U.S.C. §583j – Forest Foundation Volunteers
- 16 U.S.C. §1246 – Administration and development of national trails system
- 16 U.S.C. §1250 – Volunteer trails assistance
- 31 U.S.C. §3325 – Authorizes payment of vouchers
- 38 U.S.C. §4301 – The Uniformed Services Employment and Reemployment Rights Act
- 16 U.S.C. §1246(h)(1) – Agreements to Operate, Develop, and Maintain Portions of National Trails
- 54 U.S.C. §101702(a) Cooperative Agreements, Transfer of Service Appropriated Funds
- 54 U.S.C. §101702(b) Cooperative Agreements, Cooperative Research and Training Programs
- Presidential Memorandum -- Expanding National Service, July 15, 2013
- Department of the Interior Secretary Order No. 3333

**Purpose:** To allow eligible individuals to participate in sponsored volunteers and youth programs events, positions, and programs for federal agencies mandated to manage public natural and cultural resources.

**Routine Uses:** Participating federal agencies personnel will use this information to determine an individual's eligibility for placement, validate hours of service, and verify results of volunteer and youth related programs.

**Disclosure:** Furnishing this information is voluntary; however, failure to furnish this information may impede your reservation or program entry for programs offered by sponsor agencies.

**PAPERWORK REDUCTION ACT STATEMENT**

In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), the U.S. Department of Agriculture (USDA) and U.S. Department of the Interior (USDI) collect information necessary to manage the security, safety, reporting, recruitment, placement, training, on boarding, benefits, and experience of volunteers and related youth programs. Information requested in this form is purely voluntary. 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 currently valid OMB control number. OMB has approved this collection of information and assigned Control No. 1093-0006.

**ESTIMATED BURDEN STATEMENT**

We estimate public reporting for this collection of information to average 15 minutes, including time for reviewing instructions, gathering and maintaining data and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of the information collection to the Information Collection Clearance Officer, U.S. Department of the Interior, 1849 C Street, NW (OCIO-PPMD), Washington, DC 20240.

**NOTICE TO PROGRAM PARTICIPANTS**

By signing this application, the program participants (s) understand(s) s/he may be subject to a reference check, background check, and/or criminal history inquiry. Volunteers are not considered Federal employees for any purposes other than tort claims and injury compensation as per agency guidelines. Volunteers and related program participants are encouraged to verify with local sites all working conditions. Volunteer service is not creditable for leave accrual or any other benefit. However, volunteer service is creditable work experience.

The federal government prohibits 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 (i.e. youth programs may have age limits by law). To file a complaint of discrimination, write DOI, Director, Office of Civil Rights, 1849 C Street, NW, Mail Stop 4359, Washington, District of Columbia, 20240, Voice (202)-208-5693 FedRelay: 800-877-8339. Fax: 202-208-6112. The Federal Relay Service (FedRelay) allows individuals who are deaf, hard-of-hearing, deaf/blind, or have speech disabilities to have equal communication access. Calls are relayed using specially trained Communications Assistants.