OMB 0596-0080

VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES				
1. INDIVIDUAL		2. GROUP		
3. NAME OF AGENCY - NPS			4. AGREEMENT #	
5. NAME OF VOLUNTEER (First, Last)			6. U.S. CITIZEN OR PERMANENT RESIDENT  Yes  No, list visa type	
7. NAME OF GROUP		8. NAME OF GRO	UP CONTACT (First, Last)	
9. STREET ADDRESS		10. CITY, STATE, Z	IP CODE	
	<mark>12. PHONE</mark> Home: Mobile:		13. AGE Under 15 15 - 18 19 - 25 26 - 35 36 - 54 55 and Older	
14. <b>ETHNICITY &amp; RACE (Optional):</b> 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.				
		ative	14c. Are you a Veteran? Yes No  14d. Do you have disability? Yes No	
Native Hawaiian or Other Pacific Islander  EMERGENCY CONTACT INFORMATION				
15. NAME (Last, First)	16. PHONE Home: Mobile:		17. EMAIL ADDRESS	
18. STREET ADDRESS  19. CITY, STATE, ZI		IP CODE		
GOVERNMENT OFFICIAL COMPLETES THIS SECTION				
20. AGENCY CONTACT NAME (Last, First)		21. AGENCY CONTA	ACT EMAIL & PHONE	
22. REIMBURSEMENTS APPROVED: Yes No Type and Rate of Reimbursement:		23. VOLUNTEER PO	DSITION/GROUP PROJECT TITLE:	
24. <b>Description of service to be performed.</b> 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. If this is a group agreement, the leader is to provide the group name and attach a complete list of group participants or optional form 301b for each volunteer.  VOLUNTEER/SERVICE ACTIVITY ABSTRACT  Position Description: #9413 Seabird Habitat Restoration				
Supervisor: David Mazurkiewicz  Time Commitment: Short term Long term				
25. Check all that apply:  Description of service attached  Job Hazard Analysis  List of group participants/optional form 301b attached  Valid Driver's License Verified (if required)				

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PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18			
26. PARENT OR LEGAL GUARDIAN (First, Last)	27. PHONE Home:	28. EMAIL ADDRESS	
	Mobile:		
29. STREET ADDRESS	30. CITY, STATE, ZIP CODE		
		volunteer program does not provide compensation, except as leral employee. I have read the attached description of the service that to participate in the specified volunteer activity.	
32. Parent/Guardian Signature		Date Date	
VOLUNTEER & GROUP LEADER AFFIRMATION			
claims and injury compensation. I understand that volunt government or I may cancel this agreement at any time be investigation, and/or a criminal history inquiry in order for resulting from my volunteer services as specifically stated domain and not subject to copyright laws. I understand a project location, and certify that the statements I have classified in I or group leader know of no medical condition or physee attached OF301b.  I or a member of the group have a medical condition Government Representative. If a member of a group I or group member do not consent to being photogra	teer service is not creditable for leave accreby notifying the other party. I understand to me to perform my duties. I understand din the attached job description, will becothe health and physical condition requirem hecked below are true: ysical limitation that may adversely affect or physical limitation that may adversely as see attached OF301b. Inphed or to the release of my photographic e, to assist in authorized activities at	NOT considered Federal employees for any purpose other than tort rual or any other employee benefits. I also understand that either the that my volunteer position may require a reference check, background that all publications, films, slides, videos, artistic or similar endeavors, me the property of the United States, and as such, will be in the public ments for doing the work as described in the job description and at the my or members of the group ability to provide this service. If a group affect my ability to provide this service and have informed the image. If a member of a group see attached OF301b.  Channel Islands NP and I agree to follow all applicable safety of EOF FEDERAL AGENCY)	
34. Signature of Volunteer or Group Leader		Date	
	you as a Federal employee only for th	rials, equipment, and facilities that are available and needed to ne purposes of tort claims, liability and injury compensation to	
35. Signature of Government Representative		Date	
TERMINATION OF AGREEMENT			
36. Agreement Terminated Date:		Total Hours Completed:	
37. Signature of Government Representative:			
PUBLIC BURDEN STATEMENT			
displays a valid OMB control number. The valid OMB control estimated to average 15 minutes per response, including the	I number for this information collection is C he time for reviewing instructions, searchi n. USDA, DOI, DOC and DOD prohibit dis	rson is not required to respond to a collection of information unless it 0596-0080. The time required to complete this information collection is ing existing data sources, gathering and maintaining the data needed, scrimination in all programs and activities on the basis of race, color, ly status. Not all prohibited bases apply to all programs.	
PRIVACY ACT STATEMENT			
		onsistent with the provisions of 5 USC 552a (Privacy Act of 1974), which icial 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.

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