

VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

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|--|---|-------------------|--|---|--|--------------------------------------|--|--|--|--------------------------------|--|--|
| 1. VOLUNTEER AGREEMENT TYPE (choose one) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GROUP | 2. IF GROUP, SELECT GROUP TYPE (choose from below): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Business/Corporations</td> <td><input type="checkbox"/> National Service</td> </tr> <tr> <td><input type="checkbox"/> School/University/Education</td> <td><input type="checkbox"/> Faith Based</td> </tr> <tr> <td><input type="checkbox"/> Fraternal Organizations</td> <td><input type="checkbox"/> Youth Groups/Scouts</td> </tr> <tr> <td><input type="checkbox"/> Local/State/Tribal Government</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Military/Veterans</td> <td></td> </tr> </table> | | <input type="checkbox"/> Business/Corporations | <input type="checkbox"/> National Service | <input type="checkbox"/> School/University/Education | <input type="checkbox"/> Faith Based | <input type="checkbox"/> Fraternal Organizations | <input type="checkbox"/> Youth Groups/Scouts | <input type="checkbox"/> Local/State/Tribal Government | <input type="checkbox"/> Other | <input type="checkbox"/> Military/Veterans | |
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| <input type="checkbox"/> Fraternal Organizations | <input type="checkbox"/> Youth Groups/Scouts | | | | | | | | | | | |
| <input type="checkbox"/> Local/State/Tribal Government | <input type="checkbox"/> Other | | | | | | | | | | | |
| <input type="checkbox"/> Military/Veterans | | | | | | | | | | | | |
| 3. NAME OF AGENCY/BUREAU <p style="text-align: center;">National Park Service</p> | | | | | | | | | | | | |
| 4. NAME OF VOLUNTEER GROUP (if applicable) | 5. NAME OF INDIVIDUAL OR GROUP LEADER (Last, First, Middle) | | | | | | | | | | | |
| 6. STREET ADDRESS, APT. # | 7. CITY, STATE, ZIP CODE | | | | | | | | | | | |
| 8. EMAIL ADDRESS | 9. PHONE Home: _____ Mobile: _____ | 10. Date of Birth | | | | | | | | | | |

INDIVIDUAL OR GROUP LEADER INFORMATION

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| 11. CITIZENSHIP/RESIDENCY STATUS <input type="checkbox"/> U.S. Citizen or Legal Alien/Permanent Resident <input type="checkbox"/> Foreign National, list visa type _____ | | |
| 12. (Optional) ETHNICITY, RACE, GENDER: 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. Ethnicity (Select one): <input type="checkbox"/> Hispanic, Latino, or Spanish origin <input type="checkbox"/> Not Hispanic, Latino, or Spanish origin | 12b. 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 <input type="checkbox"/> Other | 12c. Are you a Veteran or Active Duty Military? Active Duty <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No 12d. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12e. Gender (Check all that apply): <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to disclose | | |

EMERGENCY CONTACT INFORMATION OF INDIVIDUAL OR GROUP LEADER

| | | |
|--------------------------------|---|-------------------|
| 13. NAME (Last, First, Middle) | 14. PHONE Home: _____ Mobile: _____ | 15. EMAIL ADDRESS |
| 16. STREET ADDRESS, APT. # | 17. CITY, STATE, ZIP CODE | |

PARENTAL OR LEGAL GUARDIAN CONSENT FOR VOLUNTEER UNDER AGE 18

| | | |
|--|---|-------------------|
| 18. PARENT OR LEGAL GUARDIAN (Last, First, Middle) | 19. PHONE Home: _____ Mobile: _____ | 20. EMAIL ADDRESS |
| 21. STREET ADDRESS, APT. # | 22. CITY, STATE, ZIP CODE | |
| 23. I affirm that I am the parent/guardian of the above named volunteer. I understand that the agency volunteer program does not provide compensation and that the service will not confer on the volunteer the status of a Federal employee. I have read the Volunteer Service Agreement in its entirety and give my permission for _____ to participate in the specified volunteer activity. <p style="text-align: center;">(NAME OF YOUTH)</p> | | |

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24. SIGNATURE OF PARENT OR LEGAL GUARDIAN (Required if under the age 18 years old) DATE

25. **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 and/or required trainings and certifications, level of physical activity required, etc. If this is a group agreement, the leader is to provide the group name and attach optional form 301b for each volunteer or a complete list of group participants.

Kennesaw Mountain Trail Club

Contact: Donald Olds, President (President@kennesawmountaintrailclub.org)

General Trail Maintenance will be performed at Kennesaw Mountain National Battlefield Park. Work will be done in the morning ending about 12:00 pm (3 - 4 hours). Work is of moderate intensity utilizing shovels, Pulaskis, rakes, buckets, etc. Work with Natural Resource Management is done for 2 - 3 hours at a time. It is of low intensity. No prior experience is necessary and training is done on site. Water and work gloves are provided. All volunteers are required to wear closed toes shoes and dress appropriately for the weather.

26. **Check all that apply:**
- | | |
|---|---|
| <input type="checkbox"/> Description of service attached | <input type="checkbox"/> Background investigation |
| <input type="checkbox"/> Job hazard analysis / Risk management worksheet | <input type="checkbox"/> Reference check(s) |
| <input type="checkbox"/> List of group participants / Optional form 301b attached | <input type="checkbox"/> Scientist Emeritus (USGS only) |
| <input type="checkbox"/> Valid driver's license verified (if required) | |

VOLUNTEER (OR PARENT OR LEGAL GUARDIAN IF UNDER 18) & GROUP LEADER AFFIRMATION

27. I understand that I will not receive any compensation for the above service and that volunteers are NOT considered Federal employees except as required by law, e.g. tort claims and injury compensation.
- I understand that volunteer service is not creditable for leave accrual or any other employee benefits.
- I 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.
- I understand that all publications, films, slides, videos, artistic, or similar endeavors, created as a result of my volunteer service as described in this agreement, will become the property of the United States, and as such, will be in the public domain and not subject to copyright laws.

I (or parent or legal guardian if under 18) do consent do not consent for the Agency to have free and unrestricted use of my likeness and voice in an image and/or video recording(s). I am aware that if used, they will be in the public domain and may appear on video, web, or printed media.

I understand the health and physical condition requirements for doing the work as described in this agreement and at the project location. I or group leader (or parent or legal guardian if under 18) do know do not know of any medical condition or physical limitation that may adversely affect the ability to provide this service.

If I do know of any medical condition or physical limitation impacting ability to perform service I have informed the Government Representative.

I do hereby volunteer my services as described above, to assist in authorized activities at _____ and I agree to follow all applicable safety guidelines. NAME OF PROGRAM / PROJECT SITE(S)

28. SIGNATURE OF VOLUNTEER OR GROUP LEADER (OR PARENT OR LEGAL GUARDIAN IF UNDER 18) DATE

The hosting agency or bureau agrees, while this agreement is in effect, to provide such materials, equipment, and facilities that are available and needed to perform the service described above.

GOVERNMENT REPRESENTATIVE COMPLETES THIS SECTION

29. AGENCY CONTACT NAME (Last, First, Middle)

Corman, Amanda

30. AGENCY CONTACT EMAIL

amanda_corman@nps.gov

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| 31. AGENCY CONTACT PHONE 770-427-4686 | 32. ORGANIZATION CODE (USGS ONLY) |
| 33. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type and Rate of Reimbursement: | 34. VOLUNTEER POSITION/GROUP PROJECT TITLE Kennesaw Mountain Trail Club |
| 35. SIGNATURE OF AUTHORIZED OR DESIGNATED GOVERNMENT REPRESENTATIVE _____ DATE _____ | |
| TERMINATION OF AGREEMENT | |
| 36. DATE AGREEMENT TERMINATED _____ | |
| 37. TOTAL HOURS COMPLETED _____ | |
| 38. SIGNATURE OF GOVERNMENT REPRESENTATIVE _____ | 39. AGREEMENT # _____ |