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| **VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES** | | | | | | | |
| 1. INDIVIDUAL | | | | 2. | **X** GROUP | | |
| 3. NAME OF AGENCY **US Forest Service, Okanogan-Wenatchee NF, Cle Elum RD** | | | | | | 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 GROUP CONTACT (First, Last) | | | |
| 9. STREET ADDRESS | | | | 10. CITY, STATE, ZIP CODE | | | |
| 11. EMAIL ADDRESS | | 12. PHONE Home: Mobile: | | | | 13. AGE  Under 15 15 - 18 19 - 25  26 - 35 36 - 54 55 and Older | |
| 14. **ETHNICITY & RACE (Optional):** 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. | | | | | | | |
| 14a. **Ethnicity** (Select one):  Hispanic or Latino Not Hispanic or Latino | 14b. **Race** (Select one or more, regardless of ethnicity): American Indian or Alaskan Native Asian Black or African American White Native Hawaiian or Other Pacific Islander | | | | | | 14c. Are you a Veteran? Yes No |
| 14d. Do you have disability? Yes No |
| **EMERGENCY CONTACT INFORMATION** | | | | | | | |
| 15. NAME (Last, First) | | | 16. PHONE Home: Mobile: | | | 17. EMAIL ADDRESS | |
| 18. STREET ADDRESS | | | 19. CITY, STATE, ZIP CODE | | | | |
| **GOVERNMENT OFFICIAL COMPLETES THIS SECTION** | | | | | | | |
| 20. AGENCY CONTACT NAME (Last, First)  Douglass, Mikki | | | | 21. AGENCY CONTACT EMAIL & PHONE  [mdouglass@fs.fed.us](mailto:mdouglass@fs.fed.us) 509-852-1051 | | | |
| 22. REIMBURSEMENTS APPROVED: Yes No Type and Rate of Reimbursement: N/A | | | | 23. VOLUNTEER POSITION/GROUP PROJECT TITLE: **Campground/Trailhead Cleanup** | | | |
| 24. **Description of service to be performed.** All work will be done on the Cle Elum Ranger District Off-Road Vehicle or trails open to mountain bikes. Off-District work for Educational purposes (i.e. fairs, workshops, Club Meetings, etc.) may also be approved. In-Field work hours are from 8am to 4pm, May through October 31st, 2019. Work must be pre-arranged with the Lead ORV Ranger, Mikki Douglass. All volunteers must be interviewed with Lead or Assistant ORV Ranger to review the ORV Educational Material and sign all pertinent Job Hazard Analysis’ (JHA’s). Any chainsaw use requires volunteers to undergo an initial 8-hour Agency Training Class with a refresher course every 3 years and must hold a current First Aid/CPR Card. All volunteers must adhere to Personal Protection Equipment (PPE) standards as required in the JHA’s pertinent to the job (JHA’s can be found on the V-Team webpage, [www.cleelumtrails.com](http://www.cleelumtrails.com), mailed electronically, or picked up at the Cle Elum Ranger Station ([mdouglass@fs.fed.us](mailto:mdouglass@fs.fed.us)). Volunteers must provide their own equipment and tools unless otherwise pre-arranged with an Agency Representative. All work must be pre-arranged with the Lead ORV Ranger and a check-in and check-out protocol (including specific work location/area and work to be done) must be established. It is the Volunteer’s responsibility to contact the Lead ORV Ranger prior to work or patrol.  VOLUNTEER/SERVICE ACTIVITY ABSTRACT  **SEE ATTACHED** | | | | | | | |
| 25. **Check all that apply:** Description of service attached x List of group participants/optional form 301b x Job Hazard Analysis 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: Mobile: | 28. EMAIL ADDRESS | |
| 29. STREET ADDRESS | 30. CITY, STATE, ZIP CODE | | |
| 31. 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 service that the volunteer will perform. I give my permission for to participate in the specified volunteer activity.  (NAME OF YOUTH) | | | |
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| 32. Parent/Guardian Signature |  |  | Date |
| **VOLUNTEER & GROUP LEADER AFFIRMATION** | | | |
| 33. I understand that I will not receive any compensation for the above service 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 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, and certify that the statements I have checked below are true:  I or group leader know of no medical condition or physical limitation that may adversely affect my or members of the group ability to provide this service. If a group see attached OF301b.  I or a member of the group have a medical condition or physical limitation that may adversely affect my ability to provide this service and have informed the Government Representative. If a member of a group see attached OF301b.  I or group member do not consent to being photographed or to the release of my photographic image. If a member of a group see attached OF301b.  **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)** | | | |
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| 34. 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 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. | | | |
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| 35. Signature of Government Representative |  |  | Date |
| **TERMINATION OF AGREEMENT** | | | |
| 36. Agreement Terminated Date: |  |  | Total Hours Completed: |
| 37. Signature of Government Representative: | | | |
| **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. USDA, DOI, DOC and DOD 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. | | | |
| **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. | | | |

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| **Volunteer Work Description & Field Safety** |  |

**Campground Cleanup**

Volunteers will support the CERD recreation department with the spring cleanup of campgrounds and trailheads on the Cle Elum Ranger District. Work will include: limbing and bucking hazard trees and winter blow down trees that are on the ground or no higher than chest level from the ground. Volunteers will also assist with swamping brush; moving large diameter trees into position to be used as barrier logs; and dragging rounds and limbs to FS personnel to be chipped. Additional task covered by this agreement include: raking debris, leaf blowing campsites and roads, cleaning fire rings, and picking up litter.

**PPE/Tool Use**

* Non-chainsaw operators- Volunteers will need the appropriate PPE as outlined in the Job Hazard Analysis including: long sleeve shirt, sturdy boots, hearing protection, safety glasses, and protective gloves.
* Volunteers operating a chainsaw must be prepared to bring: First Aid Kit, lace boots with traction soles and 8+inch tops, long work pants, long-sleeved work shirts, work gloves, eye protection, ear protection, hard hats, chainsaws, fuel, and bar oil. *If these items cannot be obtained contact FS volunteer coordinator a minimum 3 days in advance.*
* These tasks may incorporate the use of tools including, but not limited to: wheelbarrows, brooms, power leaf blowers, peeves, chainsaws, shovels, rakes, pruning shears, pickaxes, McLeods, hoes, and other hand tools.

**Chainsaw Operator Qualification**

* Volunteers operating a chainsaw on Forest Service land must have completed a Nationally Recognized Sawyer Training Courses (NRSTCs) and hold a National Sawyer Certification Card

Currently approved courses:

* NWCG, Wildland Fire Chain Saws S-212
* MTDC, Chain Saw and Crosscut Saw Training Course
* Soren Eriksson’s Game of Logging curriculum

# Field Safety

FS personnel will provide you with a safe work environment and will identify any potential hazards in the working area. While we strive to create the safest environment possible, it is impossible to eliminate all potential hazards when working outside in nature. Feel free to ask a FS volunteer coordinator for more information on these or other topics.

* **Be Prepared! Dress Appropriately!** Wear clothes that can get dirty, long pants, closed-toe shoes (no flip-flops or sandals), layers for changing weather, and rain gear if necessary. Bring a personal water bottle and sunscreen.
* **Ticks:** Ticks are common carriers of Lyme disease. Check your clothes and body after working/playing outdoors.
* **Yellow Jackets:** Yellow jacket nests are commonly found in trees and on the ground in natural areas. Yellow jackets are often difficult to spot, but if you see one, try to follow it back to a nest and clear the area. If you see multiple yellow jackets flying around an area, warn others about them. They are very protective of their homes and sting repeatedly if aggravated. If you disturb a yellow jacket nest, run away quickly in a zigzag pattern. If you know you are allergic, please take precautions for your safety.
* **Heat Exhaustion:** Drink plenty of water while working! If you feel tired or lightheaded, sit down and rest in the shade.
* **Sun Exposure:** You can get sunburn on a cloudy day. Wear sunscreen and a hat for protection.
* **Tool / Back Safety:** Be aware of the tools you are using. Make sure you know the correct way to use and transport them. Keep space between you and other volunteers. To avoid repetitive motion stress, take regular stretch breaks. Use your legs when lifting or pulling heavy objects, and always try to avoid twisting when carrying or loading.
* **Things You Might Find:** Be observant and avoid things like broken glass, rusty metal, hypodermic syringes, unexploded ordnance, and pet feces. Glass, metal, and other trash can be picked up (wear gloves!). Alert the FS volunteer coordinator if you find a needle or something you do not recognize—do not pick it up!

**JHA’s and Tailgate Safety**

Job Hazard Analysis will be reviewed and signed onsite prior to starting each phase of the project. FS personal will go over JHA’s with volunteers. Review and signature of JHA’s are mandatory for participation. A tailgate safety session will be held prior to beginning the field portion of S-212 and before the first work day at Kachess campground.

**JHA’s include:** Power Tools, Field Work, Brusher, Chainsaw, Chipper Shredder

**Photos**

Photos of volunteer activities may be taken during the program and used for CERD publications. If you require restricted use of your photo, please alert the FS volunteer coordinator.