

Youth (ages 3 through 17)

OMB Control Number 1093-0006
Expiration Date 10/31/2024

VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

1. VOLUNTEER AGREEMENT TYPE (Choose 1) <input checked="" type="checkbox"/> Individual OR <input type="checkbox"/> GROUP		2. NAME OF GROUP (if applicable) Yosemite Climbing Association	
3. NAME OF VOLUNTEER OR GROUP LEADER COMPLETING FORM (Last, First) <u>Youth's Name</u>		4. U.S. CITIZEN OR PERMANENT RESIDENT <input type="checkbox"/> Yes, I am a U.S. citizen or Permanent Resident <input type="checkbox"/> No, I am not a US Citizen or Permanent Resident (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. 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	12c. Are you a Military Veteran or Active Duty Military? <input type="checkbox"/> Yes <input type="checkbox"/> No 12d. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
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EMERGENCY CONTACT INFORMATION ➡ (only complete if different from parent/guardian info on page 2) ⬅

13. NAME (Last, First)	14. PHONE Home: Mobile:	15. EMAIL ADDRESS	
16. STREET ADDRESS, APT #	17. CITY	18. STATE	19. ZIP CODE

GOVERNMENT OFFICIAL COMPLETES THIS SECTION

20. NAME OF AGENCY / BUREAU National Park Service/Department of Interior	21. AGREEMENT # NA
22. AGENCY CONTACT NAME Yosemite Volunteer Office	23. AGENCY CONTACT EMAIL & PHONE yose_volunteer@nps.gov , 209-379-1855
24. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type and Rate of Reimbursement: n/a	25. VOLUNTEER POSITION TITLE /GROUP PROJECT TITLE: Facelift

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

Participate in the Yosemite Facelift. Volunteers will pick up litter throughout the park and/or participate in special projects. All volunteers will go through training on protection of archaeological resources and other park resources. Volunteers picking up litter will be walking on uneven terrain, in all types of weather. They should wear long pants, closed-toe shoes, and have sun protection, water, and food. They will use any personal protective equipment provided for them. Volunteers working along roadsides must use safety vests. Volunteers working on special projects must use provided safety equipment, and must have necessary skills and experience for any technical work. Some volunteers will use government vehicles -- these volunteers must provide their drivers' license for verification before driving. If personal vehicles are used, they are at the risk and responsibility of the owner -- their use is not required. Volunteer service takes place between 8-4:00pm Wed-Saturday and 8-12 on Sunday. If you are signed up for a special project, your hours may fall outside this range.

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:

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PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18

28. NAME	29. PHONE	30. EMAIL ADDRESS	
31. STREET ADDRESS, APT #	32. CITY	33. STATE	34. ZIP CODE
35. 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. <div style="text-align: center;">36. (NAME OF YOUTH)</div>			
X			
37. Parent/Guardian Signature		38. Date	

VOLUNTEER & GROUP LEADER AFFIRMATION

39. 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 ability to provide this service. (If a group, see attached OF301b)

I consent to being photographed or to the release of my photographic image. (If a group, see attached OF301b)

I do hereby volunteer my services as described above, to assist in authorized activities at _____ *Yosemite National Park, NPS* and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group. _____
(NAME OF FEDERAL AGENCY)

X	
40. Signature of Volunteer or Group Leader	41. 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.	
42. Signature of Government Representative (<i>Supervisor</i>)	43. Date

TERMINATION OF AGREEMENT (*completed by Volunteer Office at end of volunteer service*)

44. Agreement Terminated Date:	45. Total Hours Completed:
46. Signature of Government Representative:	

PUBLIC BURDEN STATEMENT

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