Filling Out a GROUP Volunteer Agreement

Group Agreements are used when organized groups (i.e.: businesses, service organizations, etc.) periodically assist with volunteer trail work at specific projects for limited durations. Groups comprised of youth (under the age of 18), such as schools or scouts, must complete INDIVIDUAL agreements (rather than GROUP agreements) due to the need for individual parent/guardian approval signatures.

Designated Group Leader, please complete only these fields:

- Check Box 2
- Complete Boxes 7-13 for the Group Leader’s info (Group member info will be attached via the OF-301B roster)
- (Boxes 14a- 14d are optional)
- Complete Boxes 15 through 19 for Group Leader’s info
- In Box 33, please check the appropriate box (one of the first two boxes) indicating if you or anyone in the group have a medical condition/physical limitation which would impact volunteer work ability. Select only one or the other of the first two boxes regarding this question.

If you (the Group Leader) do not consent to being photographed, or having your photographic image released for promotional purposes, please also check the third box in Section 33.

- Group Leader Sign in Box 34.
- IMPORTANT: Utilizing the OF-301B Volunteer Sign-up Form for Groups, all group members complete the roster with their contact info, signatures, and photo release responses. The OF-301B is attached to the OF-301A Group Agreement cover page that was completed by the Group Leader.

Email completed forms to: daniel_watson@nps.gov

-or-

Mail hard copy completed agreements via US Postal Service to:

Ice Age National Scenic Trail, ATTN: Dan Watson,
8075 Old Sauk Pass Road, Cross Plains, WI 53528
**VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES**

1. [ ] INDIVIDUAL  
2. [ ] GROUP

3. NAME OF AGENCY  
   National Park Service

4. AGREEMENT # N/A

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)
    Watson, Daniel

21. AGENCY CONTACT EMAIL & PHONE  
    715-441-7717  
    daniel_watson@nps.gov

22. REIMBURSEMENTS APPROVED:  
    [ ] Yes  
    [ ] No

23. VOLUNTEER POSITION/GROUP PROJECT TITLE:  
    Ice Age NST Volunteer
24. **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. 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**

Volunteer activities on Ice Age National Scenic Trail, and the related Job Descriptions and corresponding Job Hazard Analysis (JHA) documents, are outlined on the Cumulative Job Description List and JHA library found at: [https://www.nps.gov/iatr/getinvolved/supportyourpark/iatr_vip_program.htm](https://www.nps.gov/iatr/getinvolved/supportyourpark/iatr_vip_program.htm)

These Job Descriptions and JHAs are still pertinent for describing volunteer tasks and related safety precautions, and must be followed by volunteers.

During the phased return to volunteer duties related to the COVID-19 pandemic, the initial critical work required for the Trail focuses on these six essential categories:


In addition to the standard Job Descriptions and related JHAs for these work activities, a “COVID-19 JHA” is provided to each volunteer as an additional layer of critical safety information and Risk Mitigation requirements. Volunteers must read and follow the COVID-19 JHA in addition to other identified JHAs for specific volunteer work activities. This requirement will remain in effect for the duration of any state or federal guidance regarding COVID-19.

Individuals submitting this Volunteer Services Agreement must fill out Block 33 ("Fitness for Duty" Clause). Refer to the Risk Assessment Tool for information on prevalence of COVID-19 in various counties across Wisconsin where Ice Age Trail volunteer chapters are located, as well as CDC guidance on who may be within a higher risk demographic due to underlying health concerns, in order to make the best informed decision before answering Block 33.

As restrictions are eased for COVID-19, and the full array of potential jobs for all Ice Age Trail volunteers are phased back into action, this Volunteer Agreement remains valid for this volunteer to cover various job descriptions and their associated JHAs as listed at [https://www.nps.gov/iatr/getinvolved/supportyourpark/iatr_vip_program.htm](https://www.nps.gov/iatr/getinvolved/supportyourpark/iatr_vip_program.htm). It is the responsibility of each volunteer to work within approved job descriptions and follow any pertinent JHA or other safety guidance provided.

25. **Check all that apply:**
- [x] Description of service attached
- [x] Job Hazard Analysis
- [ ] List of group participants(optional form 301b) attached
- [ ] Valid Driver’s License Verified (if required)

**PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18**

26. **PARENT OR LEGAL GUARDIAN (First, Last)**

27. **PHONE**

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)
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 __Ice Age National Scenic Trail_ and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group. 

NAME OF FEDERAL AGENCY

34. Signature of Volunteer or Group Leader

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.

35. Signature of Government Representative

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.
Volunteer Service Agreement—Natural & Cultural Resources

All volunteers that participate with an organized group on an episodic volunteer project on a unit of a public lands agency must be signed up on this form. By signing this form you agree to the terms of the project as defined in the attached Volunteer Service Agreement and affirmed by the organization and federal agency represents. Volunteers under age 18 must complete a Volunteer Service Agreement—Natural & Cultural Resources and must be signed by the parent or guardian. Please indicate your willingness (yes) or unwillingness (no) for the Agency to use your photographic, video or audio images in performance of volunteer duties.

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