

Filling Out an **INDIVIDUAL** Volunteer Agreement

Please complete only these fields:

- Check Box 1
- Complete Boxes 5 & 6
- Complete Boxes 9 through 13
- (Boxes 14a- 14d are optional)
- Complete Boxes 15 through 19
- If the volunteer is under the age of 18, complete boxes 26 through 32 (parent or guardian signature is required)
- In Box 33, please check the appropriate box (one of the first two boxes) indicating if you have a medical condition/physical limitation which would impact your volunteer work ability. Select only one or the other of the first two boxes regarding this question.

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

- Sign in Box 34. If you cannot print, sign, and scan your original ink signature for submission, you may type your name in Box 34 and submit electronically.

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. <input checked="" type="checkbox"/> INDIVIDUAL		2. <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Under 15 <input type="checkbox"/> 15 - 18 <input type="checkbox"/> 19 - 25 <input type="checkbox"/> 26 - 35 <input type="checkbox"/> 36 - 54 <input type="checkbox"/> 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): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	14b. 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		14c. Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
			14d. Do you have disability? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type and Rate of Reimbursement: N/A		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 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:

Assess and Monitor Trail (Tailgate Safety Series: General Hiking) <https://www.nps.gov/iatr/getinvolved/supportyourpark/upload/508-TailgatSafety-GeneralHiking.pdf>

Invasive Plant Control (JHA #10: Herbicide Safety) <https://www.nps.gov/iatr/getinvolved/supportyourpark/upload/508-JHA-10-Herbicide-Safety.pdf>

Trail Clearing (JHA #1: Lifting Heavy Objects and JHA #2: Long Handled Tools and Saws)
<https://www.nps.gov/iatr/getinvolved/supportyourpark/upload/508-JHA-01-Lifting-Heavy-Objects.pdf>
<https://www.nps.gov/iatr/getinvolved/supportyourpark/upload/508-JHA-02-Long-Handled-Tools-Saws.pdf>

Chainsaw Work by currently trained and qualified individuals (JHA #6: Chainsaw Operation)
<https://www.nps.gov/iatr/getinvolved/supportyourpark/upload/508-JHA-06-Chainsaw-Operations.pdf>

Mowing Operations (JHA #3: Power Mowers) <https://www.nps.gov/iatr/getinvolved/supportyourpark/upload/508-JHA-03-Power-Mowing.pdf>

Litter Collection (JHA #5: Litter Pickup) <https://www.nps.gov/iatr/getinvolved/supportyourpark/upload/508-JHA-05-Litter-Clean-Up.pdf>

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. 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:** Description of service attached List of group participants/optional form 301b attached
 Job Hazard Analysis Valid Driver's License Verified (if required)

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)

32. Parent/Guardian Signature	Date
VOLUNTEER & GROUP LEADER AFFIRMATION	
<p>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:</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p>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)</p>	
34. Signature of Volunteer or Group Leader	Date
<p>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.</p>	
35. Signature of Government Representative	Date
TERMINATION OF AGREEMENT	
36. Agreement Terminated Date:	Total Hours Completed:
37. Signature of Government Representative:	
PUBLIC BURDEN STATEMENT	
<p>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.</p>	
PRIVACY ACT STATEMENT	
<p>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.</p>	