

U.S. Department of Agriculture Forest Service	1. WORK PROJECT/ACTIVITY ALL Volunteer Activities	2. LOCATION 30239 S State Route 53 Wilmington, Illinois 60481 (815) 423-6370	3. UNIT Midewin National Tallgrass Prairie
Job Hazard Analysis (JHA) References- FSH 6709.11 and -12	4. NAME OF ANALYST Allison Cisneros	5. JOB TITLE Volunteer Coordinator	6. DATE PREPARED 11/15/2016
7. TASKS/PROCEDURES	8. HAZARDS	9. ABATEMENT ACTIONS (Engineering Controls * Substitution * Administrative Controls * PPE)	

By signing this page, you acknowledge that there are safety hazards related to all volunteer activities and certify that you have read the Job Hazard Analysis (JHA) to review safety risks and how to avoid injury or discomfort.

[Click here to read the JHA](#), which applies to all volunteers.

AFTER READING THE JHA, USE THE BACK BUTTON TO RETURN TO THIS SIGNATURE PAGE.

We, the undersigned, acknowledge the emergency procedures. We have thoroughly read and understand the provisions of the JHA, including all applicable sections to our position description.

Volunteer Name (Print)

Date

Volunteer Signature

Parental/Guardian Signature (*if applicable*)

Group Name (*if applicable*)

- 2017 JHA Sections:
- S1 - ALL Volunteer Programs
 - S2 - General Seed Processing
 - S3 - Fence Construction or Removal
 - S4 - Handheld Gasoline Powered Tools (not chainsaws)
 - S5 - Water Quality and RiverWatch Monitors
 - S6 - Equestrian Tour Leaders
 - S7 - Bicycle Tour Leaders
 - S8 - Working with Herbicide
 - S9 - Volunteers Driving Government Vehicles



I hereby give my consent to the USDA Forest Service for the free and unrestricted use of my image(s), and/or an image of a minor under age of 18 (*parental/guardian signature required for use*). I am aware that, if used, they will be in the public domain and appear on the World Wide Web.

Volunteer Signature: _____

Volunteer Printed Name: _____

Address: _____

Email: _____

Phone: _____

Group Name (*if applicable*): _____

Parental/Guardian Consent for Volunteer Under Age 18

Parental/Guardian Signature: _____

Parental/Guardian Printed Name: _____



VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

Read and fill out the blue sections

1. <input type="checkbox"/> INDIVIDUAL		2. <input type="checkbox"/> GROUP	
3. NAME OF AGENCY <i>U.S. Forest Service at Midewin NTP</i>		4. AGREEMENT #	
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 (if applicable)		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, VET, DISABILITY (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)		21. AGENCY CONTACT EMAIL & PHONE	
22. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input type="checkbox"/> No Type and Rate of Reimbursement:		23. VOLUNTEER POSITION/GROUP PROJECT TITLE:	
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

Volunteers are informed of service details in any or all of the following ways:

1. *Position descriptions posted on the website*
2. *Introductory communication from the volunteer coordinator*
3. *Orientations or Seasonal trainings*

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

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 the U.S. Forest Service 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

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.

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.