

Trail Work Day Announcement

Project — Fork Mountain Trail Maintenance — We will hike in from Sloan Bridge to the Ellicott Rock Trail and out to the Bull Pen Road. This is a total of 8.6 miles. The work will consist of cutting vegetation growing into the trail and trees that have fallen on the trail.

When — Saturday, September 29, meeting at 9AM. We will set up the shuttle after we meet.

Where to Meet —Sloan Bridge Picnic Area on Highway 107, about one mile south of the North Carolina/South Carolina state line.

What to Wear — Check the weather forecast the day before, remember it is frequently cooler and rain is more likely to occur in this area than in the piedmont. Dress accordingly. Wear good walking shoes and layer your clothing.

What to Bring — lunch, work gloves, drinking water, a daypack, and any medications you may need. We will supply the tools.

How to Sign Up — Send us an email, or call Randy or Greg at 864-638-9568. Include the names of people attending, and contact info, if it is different than your email.

Deadline — sign up at least by the Wednesday prior to the work day.

Volunteer Agreement — You will need to print and sign the attached volunteer agreement, or sign a copy on Saturday morning.

Youth under 18 years of Age- Youth under 18 years of age must bring a parent or other parent-designated adult over 18 yrs. old to work with on the trail projects. If there is a group of youth under age 18, one adult supervisor per five youth is required.

Check your email Friday night — If we need to cancel because of weather, or whatever may come up, we will send you an email (or call if you don't have email) on Friday.

Volunteer Services Agreement for Natural Resources Agencies for Individuals or Groups

Please print when completing this form

Site Name/Project Leader Greg Borgen, Rebecca Hafer, Plinio Beres		Agency USDA Forest Service	Reimbursement (if any) None
Name of Volunteer or Group Leader – Last, First, Middle		Age (If Individual Agreement) <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-55 <input type="checkbox"/> 56 and Older	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Visa Type	Email Address	Home Phone	Mobile Phone
Street Address	City	State	Zip

IF VOLUNTEER IS UNDER AGE 18 – Name of Parent or Legal Guardian	Home Phone	Mobile Phone	Email Address
Street Address	City	State	Zip

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 sponsored

by _____ at Andrew Pickens Ranger District
 (Name of Sponsoring Organization, if applicable) (Name of Volunteer Duty Station)

From _____ to _____
 (Date) (Date) (Parent/Guardian Signature) (Date)

Emergency Contact Name	Home Phone	Mobile Phone	Email Address
Street Address	City	State	Zip

GOVERNMENT OFFICIAL COMPLETES THIS SECTION

Description of service to be performed. Include details such as time and schedule commitment, use of personal equipment, government vehicle, skills required (note certifications if necessary), level of physical activity required, etc. Attach the complete job description and job hazard analysis to this form. If this is a group agreement, the leader is to provide the group name, a complete list of group participants to be attached to this form, and parental approval (above) completed for each volunteer under the age of 18.

Trail maintenance, which includes cutting vegetation with pruners, loppers, saws, axes, fire rakes, pulaskis, hazel hoes, and other hand tools, and digging with fire rakes, shovels, pulaskis, hazel hoes, and other hand tools. If you would like to see the Job Hazard Analysis, send us an email.

Government Vehicle required?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Valid State Driver's License	<input type="checkbox"/> International Driver's License
Personal Vehicle to be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please verify that the volunteer is in possession of one of these documents. DO NOT keep a copy of the document for his/her file.	

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 statement I have checked below is true:

I know of no medical condition or physical limitation that may adversely affect my ability to provide this service.

I do know of a medical condition or physical limitation that may adversely affect my ability to provide this service and have explained it to _____.

(Name of Agency Official)

I do hereby volunteer my services as described above, to assist in agency-authorized work. I agree to follow all applicable safety guidelines.

(Signature of Volunteer)

(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 and injury compensation to the extent not covered by your volunteer group, if any.

(Signature of Government Representative)

(Date)

Termination of Agreement

Volunteer requests formal evaluation Yes No Evaluation Completed _____
(Date)

Agreement terminated on _____
(Date) *(Signature of Government Representative)*

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