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

**VOLUNTEER SERVICE AGREEMENT-Natural & Cultural Resources Volunteer Sign-up Form for Groups**

# All volunteers that participate with an organized group on an episodic volunteer project with a federal land and water management agency must be signed up on this form (unless otherwise signed up under an individual Volunteer Service Agreement, OF-301a). Volunteers under age 18 may not use this form, and must complete an individual Volunteer Service Agreement (OF 301a). This form must accompany a group Volunteer Service Agreement (OF-30la), completed by the group leader. Group leaders are responsible for ensuring every individual signed up on this form understand the duties to be performed and the terms of the project.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PRO ECT TITLE: DATE: | | | | | I understand the hea th and physical condition  requ irements for this position, and I know *of* no medical condition or  physical  lim itation that may adversely affect my abi ity to provide this service. | I consent to | |
|  | | | | | being | |
|  | | | | | photographed, | |
|  | | | | | and to the  release *of* my | |
| GROUP **NAME:** | | AGENCY: | | |
| {Club Name Here} | | {National Park Service – APPA, or USFS – Forest District} | | | photographic | |
|  | |  | | | image. | |
| GROUP LEADER (Last, First): | | AGREEMENT# (OF-301A box21): | | |  | |
| VOLUNTEER NAME (Last, First) | VOLUNTEER E-MAIL ADDRESS | VOLUNTEER | MONTH & | VOLUNTEER SIGNATURE |  | |
|  |  | TELEPHONE NUMBER | YEAR OF |  |  | |
|  |  |  | BIRTH |  |  | |
|  |  |  |  | | **Yes No** | **Yes** | **No** |
|  |  |  |  | | Yes **No** | Yes | **No** |
|  |  |  |  | | **Yes No** | Yes | **No** |
|  |  |  |  | | Yes **No** | Yes | **No** |
|  |  |  |  | | Yes **No** | Yes | **No** |
|  |  |  |  | | Yes **No** | Yes | **No** |
|  |  |  |  | | Yes **No** | Yes | **No** |
|  |  |  |  | | **Yes No** | **Yes** | **No** |
|  |  |  |  | | **Yes No** | **Yes** | **No** |

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## VOLUNTEER NAME (Last, First) VOLUNTEER E-MAIL ADDRESS VOLUNTEER

TELEPHONE NUMBER

MONTH & YEAR OF BIRTH

VOLUNTEER SIGNATURE

I understand the health and physical condition requirements for this position, and I know of no medical condition or physical limitation that may adversely affect my ability to provide this service.

I consent to being photographed, and to the release of my photographic image.

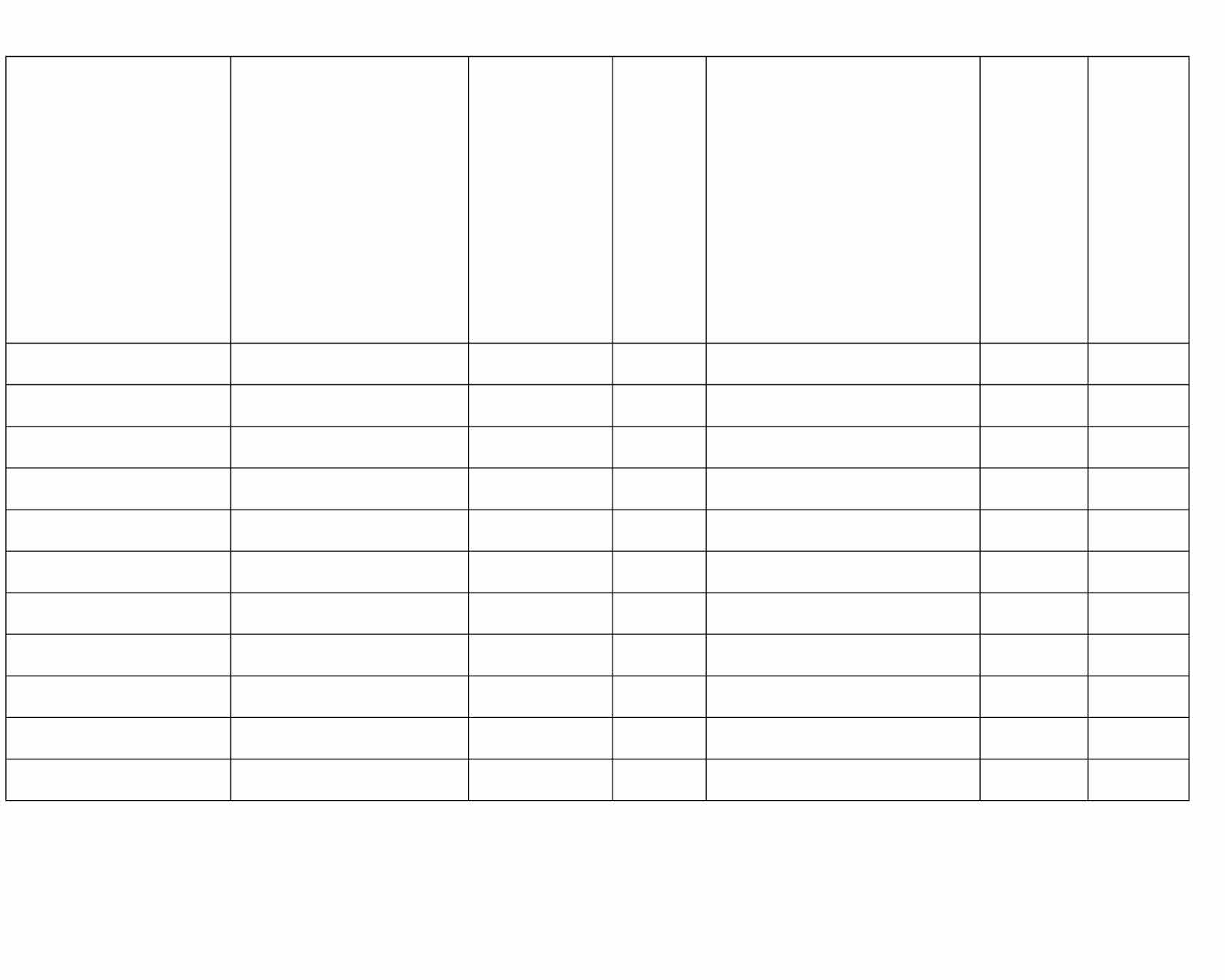
|  |  |
| --- | --- |
| Yes No | Yes No |
| Yes No | Yes No |
| Yes No | Yes No |
| Yes No | Yes No |
| Yes No | Yes No |
| Yes No | Yes No |
| Yes No | Yes No |
| Yes No | Yes No |
| Yes No | Yes No |
| Yes No | Yes No |
| Yes No | Yes No |

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(3. Completing this form is voluntary, but failure to provide the information will prevent program participation..



## Volunteer Service Agreement Group Sign-up Form

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