

VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

1. <input type="checkbox"/> INDIVIDUAL	2. <input checked="" type="checkbox"/> GROUP
3. NAME OF AGENCY: Arapaho Roosevelt NF, Boulder RD	4. AGREEMENT #24-VI-11021001-0001
5. NAME OF GROUP: Indian Peaks Wilderness Alliance	6. NAME OF GROUP CONTACT (First, Last): Fiona Garvin
7. STREET ADDRESS: 177 Monarch Ct	8. CITY, STATE, ZIP CODE: Louisville, Co 80027
9. EMAIL ADDRESS: fhgarvin38@gmail.com	10. PHONE: 720-201-3164
GOVERNMENT OFFICIAL COMPLETES THIS SECTION	
11. AGENCY CONTACT NAME (Last, First) Skaar, Lyle	12. AGENCY CONTACT EMAIL & PHONE <u>Lyle.Skaar@usda.gov</u> , office: 303.541.2521
<p>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.</p> <p><u>IPWA volunteers will:</u> assist the Boulder R.D. by providing a volunteer presence in the Indian Peaks and James Peak Wilderness that promotes responsible visitor use and supports the preservation of Wilderness and the area's natural resources. As a member of the IPWA, volunteers will attend a full training day their first year and fulfill refresher training requirements each subsequent year they remain a volunteer. Volunteers are required to be in the IPWA uniform while on their scheduled hikes and perform their duties in a safe, courteous, and prudent manner that represents a positive and professional image of the Forest Service and IPWA. Volunteers are recommended to take a minimum of four scheduled patrols per year as well as engage in IPWA events.</p> <p><u>Attached documents include:</u></p> <p>Risk Assessment Worksheet Summer operations plan Winter operations plan to be submitted to <u>lyle.skaar@usda.gov</u> by 10/31/2024</p> <p>IPWA will provide a list of volunteers who have read and signed the summer and winter Risk Assessment, Volunteer Service Agreement, and Operations Manual following annual training.</p>	
25. Check all that apply: <input checked="" type="checkbox"/> Description of service attached <input type="checkbox"/> List of group participants/optional form 301b attached <input checked="" type="checkbox"/> Job Hazard Analysis <input type="checkbox"/> 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 _____ (NAME OF YOUTH) to participate in the specified volunteer activity.		
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. As the IPWA liaison, I understand the health and physical condition requirements for doing the work as described in the description of services to be performed and have required all IPWA members to read and agree to this document. I have made this agreement available to all IPWA volunteers for them to answer the following statement in truth: <input checked="" 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. <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. <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.		
I do hereby volunteer IPWA's services as described above, to assist in authorized activities on the Boulder Ranger District and agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group.		
34. Signature of Volunteer or Group Leader		Date
<i>Travis H. Gauri</i>		4/11/2024
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 /s/		Date
<i>[Signature]</i>		4/19/24
TERMINATION OF AGREEMENT		
36. Agreement Terminated Date: 5/31/25		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.		