

AGREEMENT FOR INDIVIDUAL VOLUNTARY SERVICES
(PUBLIC LAW 92-300, AS AMENDED)

☆ VOLUNTEERS PLEASE PRINT AND COMPLETE PAGE 1 ONLY

1. Name (*Print Last, First, Middle Initial*) **1a. School or Affiliation**

2. Personal Address (*Street, City State, Zip Code*)

3. Personal Contact Information

Phone: () _____ Email: _____

4. Description of work to be performed

Bobolinking Project coordinated by Kim Meyer-Ramirez
Ecological Monitor- Volunteers will participate in tasks related to species and habitat monitoring in order to carry out Midewin's mission. These tasks include, but are not limited to: driving to and walking on uneven terrain through tall grasses or wet areas to collect information and record data about these habitats and/or species. It is required for an adult chaperone or guardian to accompany minors at all times while at Midewin.

Restoration Volunteer- Volunteers will complete a variety of ecological restoration work in order to carry out Midewin's mission. These tasks may include, but are not limited to: planting, mulching, weeding, seed collecting and cleaning, invasive species control/removal, herbicide application (if volunteer has valid state-issued license to apply herbicides).

5. All of the above described work will be noncompensable. Except as otherwise provided, I understand this service will not confer on me the status of a federal employee.

6. I understand that either the Forest Service or I may cancel this agreement at any time by notifying the other party. I hereby volunteer my services as described above to assist the Forest Service in its authorized work.

7. Signature (Volunteer) **8. Date**

9. Signature of Parent or Guardian, if under 18 years of age **10. Date**

ACCEPTANCE FOR THE FOREST SERVICE

The Forest Service agrees while this agreement is in effect to:

1. Reimburse you for necessary incidental expenses, to the extent funds are available, as follows:

- | | | | | |
|-----------------------------|------------------------------|-----------------------------|----------------------|----------------|
| a. Subsistence | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amount if yes: _____ | Remarks: _____ |
| b. Transportation allowance | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Rate if yes: _____ | Remarks: _____ |
| c. Provide lodging | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Remarks: _____ | _____ |
| a. Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Remarks: _____ | _____ |

2. Consider you as a federal employee for the purpose of tort claims and compensation for work injuries.

3. Authorize you to operate federal motor vehicles when necessary, provided you are licensed to operate a motor vehicle.

4. Forest Service Signature	5. Title <i>for Prairie Supervisor</i>	6. Unit <i>Midewin NTP</i>	7. Date
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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.

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Privacy Act Statement

Collection and use is covered by Privacy Act System of Records 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 Forest Service 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.

TERMINATION OF AGREEMENT

1. Agreement Terminated on (Month, Day, Year)	2. Signature (Unit Manager/Staff Officer)
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3. Remarks:

ACCOMPLISHMENTS

RESOURCE CATEGORY (a)	NIRP CODE (b)	UNIT OF MEASURE (c)	AMOUNT ACCOMP. (d)	HOURS CONTR. (e)	COST TO GOVT. (f)	APPRAISED VALUE (DOLLARS) (g)