## **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-301a), 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.

GROUP NAME:  GROUP LEADER (Last, First):	DER (Last, First):		AGENCY:  AGREEMENT # (OF-301A box 21):				
VOLUNTEER NAME (Last, First)	VOLUNTEER E-MAIL ADDRESS	VOLUNTEER TELEPHONE NUMBER	MONTH & YEAR OF BIRTH	VOLUNTEER SIGNATURE	affect my abi (ty to provide this service.		
					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	

VOLUNTEER E-MAIL ADDRESS	VOLUNTEER TELEPHONE NUMBER	MONTH & YEAR OF BIRTH	VOLUNTEER SIGNATURE	health an physical condition requirem this positi I know of medical condition physical limitation may adve affect my to provide	ents for on, and no or that rsely ability	I consent being photogra and to the release of photogra image.	aphed, ne of my
		_			No	Yes	No
				163	NO	163	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
	VOLUNTEER E-MAIL ADDRESS		TELEPHONE NUMBER YEAR OF	TELEPHONE NUMBER YEAR OF	VOLUNTEER E-MAIL ADDRESS  VOLUNTEER TELEPHONE NUMBER TELE	VOLUNTEER E-MAIL ADDRESS  VOLUNTEER TELEPHONE NUMBER  TELEPHONE NUMBER  TELEPHONE NUMBER  VOLUNTEER SIGNATURE  YEAR OF BIRTH  BIRTH  VOLUNTEER SIGNATURE  Telephone Signature  Telephone Number  YEAR OF BIRTH  I know of no medical condition or physical limitation that may adversely affect my ability to provide this	VOLUNTEER E-MAIL ADDRESS  VOLUNTEER TELEPHONE NUMBER TEL

**Burden Statement:** Completing this form is voluntary, but failure to provide the information will prevent program participation. 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 1093-0006. 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. The U.S. Department of Agriculture (USDOI), U.S. Department of Defense (USDOO), and U.S. Department of Commerce (USDOC) are equal opportunity providers and employers and 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.) Persons with disabilities who require alternative means of communication of program information should contact the volunteer program to which they are applying. If you would like to file a Section 508-related complaint, please contact the DOI Section 508 Program via email MYPERLINK "mailto:section508@ios.doi.gov" section508@ios.doi.gov or phone (202) 208-1530.

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