

**VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES**

1. INDIVIDUAL		2. GROUP	
3. NAME OF AGENCY		4. AGREEMENT #	
5. NAME OF VOLUNTEER (First, Last) See project sign-in sheets for individual volunteers		6. U.S. CITIZEN OR PERMANENT RESIDENT Yes No, list visa type_____	
7. NAME OF GROUP Tahoe Area Mountain Biking Association		8. NAME OF GROUP CONTACT (First, Last) David Reichel	
9. STREET ADDRESS PO Box 13712		10. CITY, STATE, ZIP CODE South Lake Tahoe, CA 96150	
11. EMAIL ADDRESS info@tamba.org	12. PHONE Home: Mobile: 530-416-1786	13. AGE Under 15      15 - 18      19 - 25 26 - 35      36 - 54      55 and Older	
14. <b>ETHNICITY &amp; RACE (Optional):</b> Please report both ethnicity and race and tell us if you are a veteran or have a disability. Multiracial respondents may select two or more races. This information will inform our understanding of diversity and inclusion among the volunteer force in the natural and cultural resource areas.			
14a. <b>Ethnicity</b> (Select one): Hispanic or Latino Not Hispanic or Latino	14b. <b>Race</b> (Select one or more, regardless of ethnicity): American Indian or Alaskan Native      Asian Black or African American      White Native Hawaiian or Other Pacific Islander	14c. Are you a Veteran?      Yes      No	
		14d. Do you have disability?      Yes      No	
<b>EMERGENCY CONTACT INFORMATION</b>			
15. NAME (Last, First) See daily sign in sheets	16. PHONE Home: Mobile:	17. EMAIL ADDRESS	
18. STREET ADDRESS	19. CITY, STATE, ZIP CODE		
<b>GOVERNMENT OFFICIAL COMPLETES THIS SECTION</b>			
20. AGENCY CONTACT NAME (Last, First) Quinn, Jacob	21. AGENCY CONTACT EMAIL & PHONE <a href="mailto:jmquinn@fs.fed.us">jmquinn@fs.fed.us</a> 530-543-2609		
22. REIMBURSEMENTS APPROVED:      Yes      No Type and Rate of Reimbursement:	23. VOLUNTEER POSITION/GROUP PROJECT TITLE: Trail Construction and Maintenance		

24. **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.

**VOLUNTEER/SERVICE ACTIVITY ABSTRACT**

**Description of services to be performed:** Trail planning, trail work, educational/interpretive/recreational programs and events, and other activities related to design, layout, construction, enhancement, inspection, maintenance, and support of the LTBMU Trail system and related facilities, as mutually agreed by TAMBA and the USFS Lake Tahoe Basin Management Unit (LTBMU).

**ADMINISTRATION:**

- All activities to be conducted under this agreement must be preapproved, verbally or in writing, by a Forest Service representative.
- Participants must print their names and contact information along with their signature on a volunteer sign-in sheet for each event or activity under this agreement.
- Participant status begins and ends with the dates and hours recorded on the volunteer sign-in sheet for that event.
- Claims under this agreement are subject to investigation and adjudication under Forest Service and OWCP procedures and regulations.

**ACTIONS:**

- Activities will be conducted using designated Forest Service Job Hazard Analyses (JHAs) appropriate for the type of activity.
- Prior to each activity, field leaders will conduct safety briefings following the appropriate LTBMU approved Pre-event Briefing Checklist including the applicable JHA(s) and Personal Protective Equipment (PPE) requirements.
- Field participants are encouraged to travel in groups of two or more. Field leaders and those working alone must be trained in communications protocols and have effective communications through either Forest Service compatibly programmed radios or cell phones with confirmed coverage in the areas where transport and work will occur.
- Event leaders will transmit signed briefing checklists, completed sign-in sheets, and complete incident/accident reports to TAMBA in a timely manner.
- All participants will adhere to safety procedures, proper trail use and etiquette, and "leave-no-trace" principles.

**TAMBA WILL PROVIDE:**

- Work that conforms to Forest Service Standards.
- Labor, tools, tool storage, equipment, PPE, materials and supplies for project work.
- Necessary safety and technical training, leadership, and supervision of all activities.
- Training and certification of field leaders to include first aid and CPR qualifications.
- A designated individual to conduct sign-in and out of all participants, with records to be maintained for at least two years.
- An initial report and contact for injuries and accidents with appropriate timely follow-up with the Forest Service.
- A current status of trails authorized for volunteer activities by the Forest Service representative, including opening, scheduled maintenance, and corrective maintenance requirements.
- A Fiscal Year report of work accomplished, number of participants, and service hours completed.
- TAMBA will obtain parental or guardian consent for each individual under 18 years of age and will comply with child labor laws.

**THE FOREST SERVICE WILL PROVIDE:**

- Trail construction, maintenance, safety and reporting standards.
- Current JHAs for the types of activities to be conducted under this agreement.
- Project and training equipment, tools, material, supplies, documentation, and assistance as available and needed.
- Specialists, as needed and available, for technical consultation, training, guidance, assistance, program review, and inspection.
- Chainsaw and crosscut certification for individuals working under this agreement.


Trails may be approved under this agreement as "Adopt-A-Trail." This authorization must be in writing from the designated Forest Service Representative, written authorizations shall be attached to this agreement in the project file. Approval for trails as "Adopt-A-Trail" by TAMBA require the following conditions be met:

- Trail is in the managed system of the USFS LTBMU
- TAMBA is committed to provide a minimum of 20 hours annual volunteer trail maintenance on the trail
- TAMBA is committed to provide publicly available trail condition updates on the trail monthly, at minimum
- LTBMU is committed to recognition of the "Adopt-A-Trail" service provided by TAMBA, and may authorize placement of a preapproved sign or insignia on the trail documenting the "Adopt-A-Trail" partnership
- "Adopt-A-Trail" approvals shall be mutually reviewed annually to ensure conditions are met, and to discuss any continuation, modification, addition, or revocation of trails included in this program

The above-described work will be contributed to the Forest Service and all improvements under this agreement will be the property of the Government.

Scheduled and approved work dates are coordinated with the Forest Service representative and are published on the TAMBA website

25. **Check all that apply:** Description of service attached Job Hazard Analysis List of group participants/optional form 301b attached Valid Driver's License Verified (if required)

<b>PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18</b>		
26. PARENT OR LEGAL GUARDIAN (First, Last) see daily sign in sheets, including parent consent form if applicable	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 _____ to participate in the specified volunteer activity. (NAME OF YOUTH)		
32. Parent/Guardian Signature		Date
<b>VOLUNTEER &amp; GROUP LEADER AFFIRMATION</b>		
33. I understand that volunteers 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 statements I have checked below are true: Participants will be informed daily of the risks and physical requirements and requested to disclose any medical condition or physical limitation that may affect their ability to perform this service to the on-scene event leaders.		
I do hereby volunteer my services as described above, to assist in authorized activities at Lake Tahoe Basin Management Unit and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group. (NAME OF FEDERAL AGENCY)		
		3/20/19
34. Signature of Volunteer or Group Leader		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, liability and injury compensation to the extent not covered by your volunteer group, if any.		
35. Signature of Government Representative		Date
<b>TERMINATION OF AGREEMENT</b>		
36. Agreement Terminated Date:		Total Hours Completed:
37. Signature of Government Representative:		
<b>PUBLIC BURDEN STATEMENT</b>		
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.		
<b>PRIVACY ACT STATEMENT</b>		

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.