

## VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

1. VOLUNTEER AGREEMENT TYPE (Choose 1) <input type="checkbox"/> Individual OR <input type="checkbox"/> Group		2. NAME OF GROUP (if applicable)	
3. NAME OF VOLUNTEER OR GROUP LEADER COMPLETING FORM (Last, First)		4. U.S. CITIZEN OR PERMANENT RESIDENT <input type="checkbox"/> Yes, I am a U.S. citizen or Permanent Resident <input type="checkbox"/> No, I am not a US Citizen or Permanent Resident (if applicable, list visa type _____)	
5. STREET ADDRESS, APT #	6. CITY	7. STATE	8. ZIP CODE
9. DATE OF BIRTH	10. PHONE	11. EMAIL ADDRESS	

**12. DEMOGRAPHIC INFORMATION (Optional):** Please indicate 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.

12a. <b>Ethnicity</b> (Select one): <input type="checkbox"/> Hispanic, Latino, or Spanish Origin <input type="checkbox"/> Not Hispanic, Latino, or Spanish Origin	12b. <b>Race</b> (Select one or more, regardless of ethnicity): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	12c. Are you a Military Veteran or Active Duty Military? <input type="checkbox"/> Yes <input type="checkbox"/> No 12d. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	--

**EMERGENCY CONTACT INFORMATION**

13. NAME (Last, First)	14. PHONE	15. EMAIL ADDRESS	
16. STREET ADDRESS, APT #	17. CITY	18. STATE	19. ZIP CODE

**GOVERNMENT OFFICIAL COMPLETES THIS SECTION**

20. NAME OF AGENCY/ BUREAU	21. AGREEMENT #
22. AGENCY CONTACT NAME (Last, First)	23. AGENCY CONTACT EMAIL & PHONE
24. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input type="checkbox"/> No Type and Rate of Reimbursement:	25. VOLUNTEER POSITION/GROUP PROJECT TITLE:

26. **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.

VOLUNTEER/SERVICE ACTIVITY ABSTRACT

27. **Check all that apply:**  Description of service attached  OF-301b Volunteer Sign-up Form for Groups attached  Risk Assessment attached  
 Valid Driver's License required  Background Investigation required  
 Medical Clearance Required  Other:

**PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18**

28. NAME	29. PHONE	30. EMAIL ADDRESS	
31. STREET ADDRESS, APT #	29. CITY	30. STATE	31. ZIP CODE

32. I affirm that I am the parent/guardian of the abovenamed 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.  
 33. (NAME OF YOUTH)

34. Parent/Guardian Signature	Date
-------------------------------	------

**VOLUNTEER & GROUP LEADER AFFIRMATION**

35.  I understand that I will not receive any compensation for the above service and that volunteers are NOT considered Federal employees except as otherwise provided by law. 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.
- I know of no medical condition or physical limitation that may adversely affect my (or members of the group's) ability to provide this service. (If a group, see attached OF-301b)
- I consent to being photographed and to the release of my photographic image. (If a group, see attached OF-301b)

I do hereby volunteer my services as described above, to assist in authorized activities at \_\_\_\_\_ and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group. (NAME OF FEDERAL AGENCY)

36. Signature of Volunteer or Group Leader	Date
--	------

The abovenamed 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.

37. Signature of Government Representative	Date
--	------

**TERMINATION OF AGREEMENT**

38. Agreement Terminated Date:	Total Hours Completed:
--------------------------------	------------------------

39. Signature of Government Representative:
---

**PUBLIC 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 the Interior (USDOL), U.S. Department of Agriculture (USDA), U.S. Department of Defense (USDOD), 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 at section508@ios.doi.gov or phone (202) 208-1530.

**PRIVACY ACT STATEMENT**

Collection and use is covered by Privacy Act System of Records INTERIOR/DOI-05 Interior Volunteer Services File System (which may be viewed at <https://www.doi.gov/privacy/doi-notices>) and OPM/GOVT-1 General Personnel Records (which may be viewed at <https://www.opm.gov/information-management/privacy-policy/#url=SORNs>) 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 information is used to identify persons interested in participating in a government volunteer program, managing the volunteer program, including tort claims and injury compensation. Records or information contained in this system may be disclosed outside the agencies participating in this program as a routine use pursuant to 5 U.S.C. 552a(b)(3). Completing this form is voluntary, but failure to provide the information will prevent program participation.

List of names for additional volunteers with your organization or family:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_

14. \_\_\_\_\_

15. \_\_\_\_\_

16. \_\_\_\_\_

17. \_\_\_\_\_

18. \_\_\_\_\_

19. \_\_\_\_\_

20. \_\_\_\_\_

21. \_\_\_\_\_

22. \_\_\_\_\_

23. \_\_\_\_\_

24. \_\_\_\_\_

25. \_\_\_\_\_

26. \_\_\_\_\_

27. \_\_\_\_\_

28. \_\_\_\_\_

29. \_\_\_\_\_

30. \_\_\_\_\_

31. \_\_\_\_\_

32. \_\_\_\_\_

33. \_\_\_\_\_

34. \_\_\_\_\_

35. \_\_\_\_\_

36. \_\_\_\_\_

37. \_\_\_\_\_

38. \_\_\_\_\_

39. \_\_\_\_\_

40. \_\_\_\_\_

41. \_\_\_\_\_

42. \_\_\_\_\_

43. \_\_\_\_\_

44. \_\_\_\_\_

45. \_\_\_\_\_

46. \_\_\_\_\_

47. \_\_\_\_\_

48. \_\_\_\_\_

49. \_\_\_\_\_

50. \_\_\_\_\_

51. \_\_\_\_\_

52. \_\_\_\_\_

53. \_\_\_\_\_

54. \_\_\_\_\_

55. \_\_\_\_\_

56. \_\_\_\_\_



# Agreement for Use of Likeness in Audio/Visual Products

## General Release

Event \_\_\_\_\_ Date \_\_\_\_\_

I hereby grant permission to the U.S. Fish and Wildlife Service (USFWS) to record my name, likeness, image, voice, and/or sound, at the event specified above, and to place these recordings in the public domain.

As a result of these recordings being voluntarily placed in the public domain, the USFWS, or anyone else, may freely modify, reproduce, display, and/or distribute them in any media without limitation and without my approval or permission, with no monetary compensation to me.

The United States will be held harmless and have no liability for any use by any person or entity of the recordings made subject to this agreement.

### Adult

I am at least 18 years of age and am competent to contract in my own name. I have read this release before signing below and fully understand the content, meaning, and impact of this release.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Minor Child (Under the age of 18)

Printed Name of Child/Children/Age \_\_\_\_\_

Printed Name of Parent/Legal Guardian \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

### For Internal Use

Producer \_\_\_\_\_ Production Date(s) \_\_\_\_\_

Production/Shoot Name \_\_\_\_\_

Production Location(s) \_\_\_\_\_

Additional Information \_\_\_\_\_

List of names for additional volunteers with your organization or family:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_
21. \_\_\_\_\_
22. \_\_\_\_\_
23. \_\_\_\_\_
24. \_\_\_\_\_
25. \_\_\_\_\_
26. \_\_\_\_\_
27. \_\_\_\_\_
28. \_\_\_\_\_

29. \_\_\_\_\_
30. \_\_\_\_\_
31. \_\_\_\_\_
32. \_\_\_\_\_
33. \_\_\_\_\_
34. \_\_\_\_\_
35. \_\_\_\_\_
36. \_\_\_\_\_
37. \_\_\_\_\_
38. \_\_\_\_\_
39. \_\_\_\_\_
40. \_\_\_\_\_
41. \_\_\_\_\_
42. \_\_\_\_\_
43. \_\_\_\_\_
44. \_\_\_\_\_
45. \_\_\_\_\_
46. \_\_\_\_\_
47. \_\_\_\_\_
48. \_\_\_\_\_
49. \_\_\_\_\_
50. \_\_\_\_\_
51. \_\_\_\_\_
52. \_\_\_\_\_
53. \_\_\_\_\_
54. \_\_\_\_\_
55. \_\_\_\_\_
56. \_\_\_\_\_



## PHOTO AND VIDEO RELEASE FORM

I, \_\_\_\_\_, hereby grant and authorize American Forests the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all photos or video taken of me or my children to be used in and/or for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration.

This authorization extends to all languages, media, formats and markets now known or later discovered.

This authorization shall continue indefinitely, unless I otherwise revoke this authorization in writing.

I waive the right to inspect or approve any finished product in which my likeness or my child's likeness appears, including written or electronic copy.

I agree that I have been compensated for this use of my likeness or my child's likeness, or have otherwise agreed to this release without being compensated. I waive any right to royalties or other compensation arising or related to the use of the photograph.



List of names for additional volunteers with your organization or family:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_
21. \_\_\_\_\_
22. \_\_\_\_\_
23. \_\_\_\_\_
24. \_\_\_\_\_
25. \_\_\_\_\_
26. \_\_\_\_\_
27. \_\_\_\_\_
28. \_\_\_\_\_

29. \_\_\_\_\_
30. \_\_\_\_\_
31. \_\_\_\_\_
32. \_\_\_\_\_
33. \_\_\_\_\_
34. \_\_\_\_\_
35. \_\_\_\_\_
36. \_\_\_\_\_
37. \_\_\_\_\_
38. \_\_\_\_\_
39. \_\_\_\_\_
40. \_\_\_\_\_
41. \_\_\_\_\_
42. \_\_\_\_\_
43. \_\_\_\_\_
44. \_\_\_\_\_
45. \_\_\_\_\_
46. \_\_\_\_\_
47. \_\_\_\_\_
48. \_\_\_\_\_
49. \_\_\_\_\_
50. \_\_\_\_\_
51. \_\_\_\_\_
52. \_\_\_\_\_
53. \_\_\_\_\_
54. \_\_\_\_\_
55. \_\_\_\_\_
56. \_\_\_\_\_





## **Event Photography Notice ATTENTION!!**

---

By entering and by your presence on these premises, you agree that this is a public event, and you consent to be photographed, filmed, and/or otherwise recorded (collectively "Record" or "Recording"). You hereby authorize and grant H-E-B and, their affiliates, representatives, agents, successors, and assigns permission to Record you at the event and hereby grant H-E-B an irrevocable, perpetual, worldwide, sub-licenseable, assignable, royalty free right to use your name, image, likeness (or any part thereof), and voice, all together or separately, in any broadcast, distribution, promotion, exploitation, publicity and/or advertising for any purpose whatsoever, in any and all media or context now known or later developed, without further notice, authorization, or compensation to you. You understand that any such Recording shall be made and used in reliance upon the consent you give by attending the event, and you hereby waive any claims you may have, and release H-E-B from any liability whatsoever that arises from or relates to H-E-B creation and use of the Recording or your attendance at the event. You also hereby agree that you will not terminate this authorization or seek injunctive or other relief with respect to this release.

---

## **Aviso de fotografía del evento. Atencion!!**

Al ingresar y con su presencia en estas instalaciones, usted acepta que se trata de un evento público y acepta ser fotografiado, filmado y/o grabado de otro modo (colectivamente "Grabar" o "Grabación"). Por la presente, usted autoriza y otorga a H-E-B y sus afiliados, representantes, agentes, sucesores y cesionarios (colectivamente, "H E B") permiso para grabarlo en el evento y por la presente otorga a H-E-B un permiso irrevocable, perpetuo y mundial, derecho sublicenciable, asignable y libre de regalías para usar su nombre, imagen, semejanza (o cualquier parte de los mismos) y voz, todos juntos o por separado, en cualquier transmisión, distribución, promoción, explotación, publicidad y/o publicidad para cualquier propósito cualquiera, en todos y cada uno de los medios o contextos ahora conocidos o desarrollados posteriormente, sin previo aviso, autorización o compensación para usted. Usted comprende que dicha Grabación se realizará y utilizará basándose en el consentimiento que brinde al asistir al evento y, por la presente, renuncia a cualquier reclamo que pueda tener y libera a H-E-B de cualquier responsabilidad que surja o se relacione con H-E-B/ La creación y uso de la Grabación por parte de H-E-B o su asistencia al evento. Por la presente también acepta que no rescindirá esta autorización ni buscará medidas cautelares u otras medidas cautelares con respecto a esta divulgación.