## 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.

| PRO JECT TITLE: |  |  |  |  | I und erstand the heath and physical condition requirements for this position, and I know of no medical condition or physical limitation that may ad versely affect my abilty to provide this service. | I consent to being photographed, and to the release of my photographic image. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| GROUP NAME |  | AGENCY: <br> The Shelt | Nee | Ass. Inc. |  |  |
| GROUP LEADER (Last, First): |  | $\begin{aligned} & \text { AGREEMENT\# (OF-301A box 21): } \\ & 21-V S-110802-001 \end{aligned}$ |  |  |  |  |
| VOLUNTEER NAME (Last, First) | VOLUNTEER E-MAIL ADDRESS | VOLUNTEER <br> TELEPHONE NUMBER |  <br> YEAR OF BIRTH | VOLUNTEER SIGNATURE |  |  |
|  |  |  |  |  | $\begin{gathered} \text { Yes No } \\ \square \square \end{gathered}$ | $\begin{array}{cc}\text { Yes } & \text { No } \\ \square \quad \square\end{array}$ |
|  |  |  |  |  | $\begin{gathered} \text { Yes No } \\ \square \square \end{gathered}$ | $\begin{array}{ll} \text { Yes } & \text { No } \\ \square & \square \end{array}$ |
|  |  |  |  |  | $\begin{gathered} \text { Yes No } \\ \square \square \end{gathered}$ | $\begin{array}{cc}\text { Yes } & \text { No } \\ \square \quad \square\end{array}$ |
|  |  |  |  |  | $\begin{gathered} \text { Yes No } \\ \square \square \end{gathered}$ | Yes $\square$ $\square$ |
|  |  |  |  |  | $\begin{gathered} \text { Yes } \mathrm{No} \\ \square \square \end{gathered}$ | $\begin{array}{cc}\text { Yes } & \text { No } \\ \square \quad \square\end{array}$ |
|  |  |  |  |  | $\begin{gathered} \text { Yes } \mathrm{No} \\ \square \square \end{gathered}$ | $\begin{array}{cc}\text { Yes } & \text { No } \\ \square \quad \square\end{array}$ |
|  |  |  |  |  |  | Yes No $\square \square$ |
|  |  |  |  |  | $\begin{gathered} \text { Yes } \\ \square \square \\ \square \square \end{gathered}$ | $\begin{array}{cc}\text { Yes } & \text { No } \\ \square \quad \square\end{array}$ |
|  |  |  |  |  | $\begin{gathered} \text { Yes No } \\ \square \square \end{gathered}$ | $\begin{array}{cc}\text { Yes } & \text { No } \\ \square \quad \square\end{array}$ |

OMB Control Number 1093-0006
Expiration Date 10/31/2024

| VOLUNTEER NAME (Last, First) | VOLUNTEER E-MAIL ADDRESS | VOLUNTEER <br> TELEPHONE NUMBER |  <br> YEAR OF <br> BIRTH | VOLUNTEER SIGNATURE | I understand the health and physical condition requirements for this position, and I know of no medical condition or physical limitation that may adversely affect my ability to provide this service. | I consent to being photographed, and to the release of my photographic image. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  | $\begin{array}{cc}\text { Yes } & \text { No } \\ \square & \square\end{array}$ |
|  |  |  |  |  | $\begin{array}{ll} \text { Yes } & \text { No } \\ \square & \square \end{array}$ |  |
|  |  |  |  |  | $\begin{array}{ll} \text { Yes } & \text { No } \\ \square & \square \\ \hline \end{array}$ | Yes $\square$ |
|  |  |  |  |  | $\begin{array}{ll} \text { Yes } & \text { No } \\ \square & \square \\ \hline \end{array}$ | Yes $\square$ |
|  |  |  |  |  |  |  |
|  |  |  |  |  | $\begin{array}{ll} \text { Yes } & \text { No } \\ \square & \square \\ \square & \square \end{array}$ | $\begin{array}{cr}\text { Yes } & \text { No } \\ \square \\ \square\end{array}$ |
|  |  |  |  |  | $\begin{array}{ll} \text { Yes } & \text { No } \\ \square \quad \square \end{array}$ | $\begin{array}{cc}\text { Yes } & \text { No } \\ \square \\ \square\end{array}$ |
|  |  |  |  |  | $\begin{array}{ll} \text { Yes } & \text { No } \\ \square & \square \\ \hline \end{array}$ | $\begin{array}{cc}\text { Yes } & \text { No } \\ \square \\ \square\end{array}$ |
|  |  |  |  |  |  | $\begin{array}{ll} \text { Yes } & \text { No } \\ \square \\ \square \end{array}$ |
|  |  |  |  |  | $\begin{array}{cc} \text { Yes } & \text { No } \\ \square \\ \square \end{array}$ |  |
|  |  |  |  |  | Yes $\square \square$ | Yes No $\square \square$ |




 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 laYPERLINK "mailto:section508@ios.doi.gov" section508@ios.doi.gov or phone (202) 208-1530.


 (3. Completing this form is voluntary, but failure to provide the information will prevent program participation.. OF301b
Volunteer Service Agreement Group Sign-up Form
Page $\mathbf{2}$ of $\mathbf{2}$
USDOI - USDA - USDOC - USDOD

