

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

1. Name *(Print Last, First, Middle Initial)*

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

3. Description of work to be performed

Volunteers may perform work including, but not limited to:

Interacting with the public at the Visitor Center, on the Forest, and at community events.

Teaching children and adults about the forest in both formal and informal educational settings.

Working on restoration projects including trail maintenance, greenhouse work, planting trees, cleaning up forest sites, and other labor tasks.

Spending time with the Youth Leadership program in both social and educational programs and events.

4. All of the above described work will be noncompensable. Except as otherwise provided, I understand this service will confer on me the status of a federal employee.

5. 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.

6. Signature *(Volunteer)*

7. Date

8. Signature of Parent or Guardian, if under 18 years of age

9. 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. Signature

5. Title

6. Unit

7. Date

**TERMINATION OF AGREEMENT**

1. Agreement Terminated on (Month, Day, Year)

2. Signature (Unit Manager/Staff Officer)

3. Remarks:

**ACCOMPLISHMENTS**

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