

UIMS U030-U03U

VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES			
1. <input checked="" type="checkbox"/> INDIVIDUAL		2. <input type="checkbox"/> GROUP	
3. NAME OF AGENCY U.S. Forest Service		4. AGREEMENT #	
5. NAME OF VOLUNTEER (First, Last) Jennifer Burt		6. U.S. CITIZEN OR PERMANENT RESIDENT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, list visa type	
7. NAME OF GROUP NA		8. NAME OF GROUP CONTACT (First, Last) NA	
9. STREET ADDRESS [REDACTED]		10. CITY, STATE, ZIP CODE Hoosick Falls, NY 12090	
11. EMAIL ADDRESS [REDACTED]		12. PHONE Home: [REDACTED] Mobile: [REDACTED]	
13. AGE <input type="checkbox"/> Under 15 <input type="checkbox"/> 15-18 <input type="checkbox"/> 19-25 <input type="checkbox"/> 26-35 <input checked="" type="checkbox"/> 36-54 <input type="checkbox"/> 55 and Older			
14. ETHNICITY & RACE (Optional): 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. Ethnicity (Select one): <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino		14b. Race (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 checked="" type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
		14c. Are you a Veteran? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		14d. Do you have disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMERGENCY CONTACT INFORMATION			
15. NAME (Last, First) Burt, Scott		16. PHONE Home: [REDACTED] Mobile: [REDACTED]	
17. EMAIL ADDRESS [REDACTED]		18. STREET ADDRESS [REDACTED]	
		19. CITY, STATE, ZIP CODE Hoosick Falls, NY 12090	
GOVERNMENT OFFICIAL COMPLETES THIS SECTION			
20. AGENCY CONTACT NAME (Last, First)		21. AGENCY CONTACT EMAIL & PHONE	
22. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type and Rate of Reimbursement:		23. VOLUNTEER POSITION/GROUP PROJECT TITLE:	
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			
<p>Volunteer will attend the Northeast Rainbow regional gathering, a public assembly for purposes of expression, prayer and healing to take place in Green Mountain National Forest, Rochester Ranger District from August 18-28, 2022, and hereby requests special use authorization for this event by Operating Plan pursuant to 36 CFR 261.1a.</p> <p>Volunteer will assist in developing and implementing Operating Plan provisions in cooperation with the District Ranger, USFS resource specialists, and gathering participants, in accord with appropriate special use standards.</p> <p>It is estimated that up to 400 people may be encamped during the peak weekend days. Attendees will commence site preparations on or about August 16; site cleanup and remediation work will be completed by September 5. Attached: [A] Forest map outlining the chosen Texas Falls site; [B] prototype Operating Plan granted in 2010, with specific provisions based on current site conditions and event needs to be resolved in cooperation with attendees</p>			
25. Check all that apply: <input type="checkbox"/> Description of service attached <input type="checkbox"/> List of group participants/optional form 301b attached <input type="checkbox"/> Job Hazard Analysis <input type="checkbox"/> Valid Driver's License Verified (if required)			

OMB 0596-0080

<b>PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18</b>		
26. PARENT OR LEGAL GUARDIAN (First, Last)  NA	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. <div style="text-align: center;">(NAME OF YOUTH)</div>		
32. Parent/Guardian Signature		Date
<b>VOLUNTEER &amp; GROUP LEADER AFFIRMATION</b>		
33. I understand that I 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. <del>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.</del> 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: <input checked="" type="checkbox"/> I or group leader know of no medical condition or physical limitation that may adversely affect my or members of the group ability to provide this service. <del>If a group see attached OF301b.</del> <input type="checkbox"/> I or a member of the group have a medical condition or physical limitation that may adversely affect my ability to provide this service and have informed the Government Representative. If a member of a group see attached OF301b. <input type="checkbox"/> I or group member do not consent to being photographed or to the release of my photographic image. If a member of a group see attached OF301b.		
I do hereby volunteer my services as described above, to assist in authorized activities at <u>Green Mountain National Forest</u> and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group. <span style="float: right;">(NAME OF FEDERAL AGENCY)</span>		
34. Signature of Volunteer or Group Leader		Date <u>8/18/22</u>
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 <u>8/18/22</u>
<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.		

August 17, 2022

Christopher Mattrick, District Ranger  
Rochester Ranger District, USFS  
99 Ranger Road  
Rochester, VT 05767

Dear Mr. Mattrick:

Submitted here are two individual Volunteer Service Agreements (OF301a):

We propose to assist on an Operating Plan for the Northeast Rainbow regional gathering to convene at Texas Falls in Green Mountain National Forest, August 18-28, 2022.

In this way we present lawful notice of a proposed special use, per 36 CFR 251.54(b), and request that this public assembly be authorized by Operating Plan in accord.

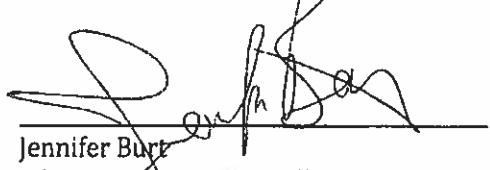
Description of Service:

- Volunteers will facilitate information-sharing and on-site solutions in cooperation with gathering participants and Forest Service staff, in support of agreed Operating Plan terms and appropriate special use standards. They can be contacted on the land or by telephone from the start of the event through completion of site clean-up, 8/18 - 9/5/2022.
- In this purpose the Agreements are amended in one provision (Par. 33, lines 4-6):  
*"I may document site conditions, mitigative steps, and official actions as needed, and reserve possession of related work products except as specifically shared or agreed."*
- It is understood that gathering attendees are personally responsible for their conduct, and serving Volunteers are held harmless of any third-party violations or claims.

By approval of these Volunteers as proposed, the Forest Service agrees to consult with participants on fair terms, and to issue a final Operating Plan, confirming special use authorization and taking effect by public notice and assent on-site.

We look forward to working with you.

Respectfully submitted,




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Jennifer Burt  
[Redacted] - Hoosick Falls NY 12090

Ph: [Redacted]

8/18/22  
Date

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Date