VOLUNTEER SEI	URAL & CULTURAL RESOURCES					
VOLUNTEER AGREEMENT TYPE (Choo Individual OR Group	2. NAME OF GROUP (if applicable)					
3. NAME OF VOLUNTEER OR GROUP L	4. U.S. CITIZEN OR PERMANENT RESIDENT Yes, I am a U.S. citizen or Permanent Resident 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. PHO	NE		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 respondent 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						
12a. Ethnicity (Select one): Hispanic, Latino, or Spanish Origin Not Hispanic, Latino, or Spanish Origin	12b. Race (Select one or more, regardless American Indian or Alaskan Native Black or African American Native Hawaiian or Other Pacific Islan			Asian Active Duty White 12d. Do you h		a Military Veteran or Military? Yes No nave a disability? Yes No
EMERGENCY CONTACT INFORMATION	ON					
13. NAME (Last, First)		14. PHONE		15. EMAIL ADDRESS		
16. STREET ADDRESS, APT #		17. CITY		18. STATE		19. ZIP CODE
GOVERNMENT OFFICIAL COMPLETE	S THIS SECT	ION				
20. NAME OF AGENCY/ BUREAU			21. AGREEMENT #			
22. AGENCY CONTACT NAME (Last, First)			23. AGENCY CONTACT EMAIL & PHONE			
24. REIMBURSEMENTS APPROVED: Yes 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						
"FeederWatch" bird identification and enumeration program is onducted in concert with the The CornellLab of Ornithology. This program is conducted entirely on-line, therefore it's a great opportunity to become an Indiana Dunes National Park "Volunteer in the Park" virtual volunteer. From the comfort & privacy of your own home, you will view images recorded on our digital capture system, identify the bird(s) in the images and record the information in the Cornell on-line database. Access to a computer and the Internet is therefore required. Prior experience is NOT required and we will train you on accessing the systems and recording the information. We report from November to April (the FeederWatch season) on 2 consecutive days a week, but the images are digitally stored, so you can contribute on a schedule of your own choosing!						
27. Check all that apply: Description of service attached Valid Driver's License required Medical Clearance Required Other: OF-301b Volunteer Sign-up Form for Groups attached Background Investigation 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						
34. Parent/Guardian Signature	Date					
VOLUNTEER & GROUP LEADER AFFIRMATION						
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		<u>.</u>	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 (USDOI), 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.

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