

INDIVIDUAL VOLUNTEER SERVICES AGREEMENT

| | | |
|---------------------------------------|---|-------------------|
| 1a. Name of Volunteer (print or type) | 1b. Social Security Number N/A | 1c. Date of Birth |
| 1d. Address (include zip code) | 1e. Home Telephone Number (include area code) | |
| 2a. Person to Notify in an Emergency | 2b. Relationship to Volunteer | |
| 2c. Address (include zip code) | 2d. Telephone Number (include area code) | |

3. Agreement by Volunteer: I offer and agree to perform the services described below without compensation to assist the U.S. Geological Survey (USGS), in accord with the following understandings:

- a. I will contribute my services from _____ (date) to approximately _____ (date).
- b. This volunteer service will not confer on me the status of a Federal employee; however, while acting within the scope of this Agreement, I am covered under the provisions of the:
 - 1. Federal Tort Claims Act, which protects a Federal employee from liability for injury or damage to others while the employee is acting within the scope of his or her duties, and
 - 2. Federal Employees Compensation Act, which authorizes compensation for work-related injury.
- c. If I am less than 18 years old, my parent or guardian consents to this Agreement by signature below.
- d. I understand the health and physical conditions requirements for performing the services described in item 4 below, and certify that I know of no physical condition or limitation that may adversely affect my ability to perform these services.
- e. Either I or the USGS may terminate this Agreement at any time by notifying the other party in writing.
- f. Because volunteers are not Federal employees, their volunteer service will not be creditable for leave accrual, retirement, or other benefit purposes if they later accept a Federal appointment.

Signature of Volunteer _____ Date _____

Signature of Parent
Or Guardian _____ Date _____
(if volunteer is under 18)

4. Project Description (attach an additional sheet as necessary):

USGS Project Supervisor _____ Title/Position _____
Division/Office/Location Maine CFWRI Telephone (207) 581-
Organizational Code University of Maine, Orono

5. Agreement by USGS: Under the authorities of Public Law 99-591, Public Law 100-202, and current Department of the Interior Appropriations Act, the USGS accepts this offer. While this Agreement is in effect:

- a. The volunteer is covered by the provisions of the Federal Tort Claims Act and the Federal Employees Compensation Act.
- b. The USGS will provide for such materials, supplies, equipment, support services, and facilities as are needed and are available to accomplish this project, except as may be specified in an attachment, marked _____.

Signature of USGS Official _____ Name (print or type) _____
Title/Position _____ Office/Location Orono, ME Date _____

6. Time and Attendance: The volunteer must maintain a timesheet to ensure coverage in case of injury and to verify creditable experience for employment purposes.

7. Additional Information:

- a. Volunteer Source (be specific) _____
- b. USGS Retiree () Yes () No () Yes () No
- c. Scientist Emeritus () Yes () No
- d. Faculty () Yes () No School _____
- e. Student () Yes () No School _____

8. Termination of the Agreement:

- a. Total number of hours contributed by volunteer _____
- b. This Agreement was terminated on _____ (date)

Signature of USGS Official _____ Signature of Volunteer _____

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (5 U.S.C. 552a): 5 U.S.C. 301 authorizes collection of information requested on this form, and Executive Order 9397 authorizes use of social security numbers to identify individual personnel records. The personal data will be used when emergency contact is necessary. Furnishing this information, including the social security number, is voluntary, but failure to provide may result in nonacceptance as a volunteer.

STATEMENT OF UNIT LIABILITY AND TRAINING REQUIREMENTS

As a volunteer with the U.S. Geological Survey, Maine Cooperative Fish and Wildlife Research Unit (Unit), you are required to receive the appropriate training before engaging in any office, field or laboratory activity. The Unit will determine the required training through the construction of a Job Hazard Analysis (JHA), will provide this training, manage your training record and thus ensure that you are prepared to safely perform as a volunteer.

Alternately, if you are volunteering with Unit personnel (including students), and you are directed to do so as part of your studies and experience (as a student) or as part of your responsibilities in your professional position (e.g., as an employee at a State or Federal agency, an NGO, or academic institution), and your employer is both aware of your activities and assumes the responsibility for providing appropriate training, then you may opt out of these training requirements. You may request the Unit- recommended and required training at any time, and the opportunity will be made available to you after filling out this form.

Please select ONE of the following;

- I am a volunteer working with the Unit outside the scope of my studies or my job responsibilities and therefore am required to complete the complement of training as outlined in my JHA.

Signature of Volunteer Printed Name Date

- I am a student working with the Unit under the guidance of my advisor. I have discussed this work with my advisor, who is aware of my activities and assumes the responsibility for my appropriate training.

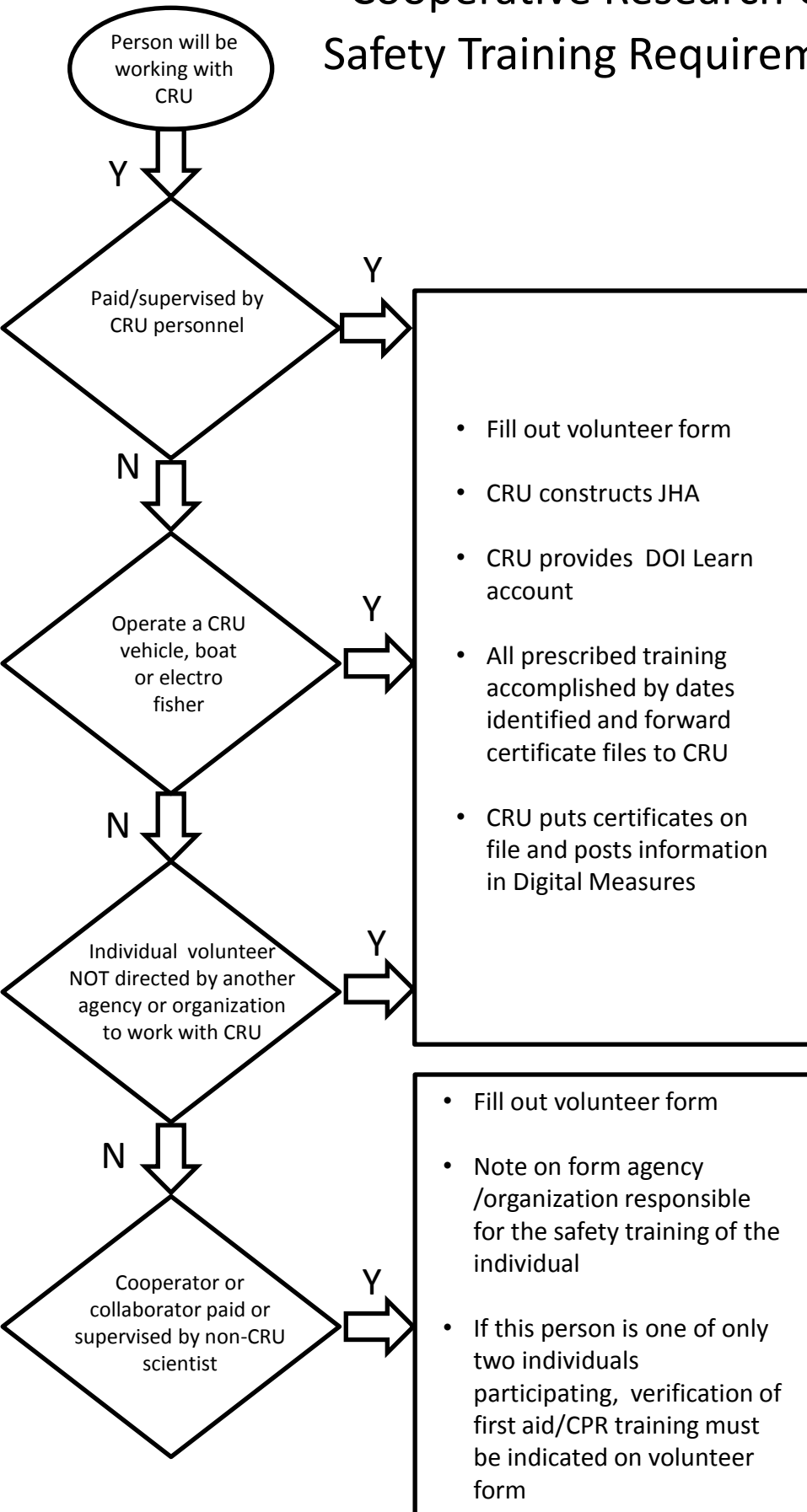
Signature of Volunteer Student Printed Name Date

Signature of Advisor Printed Name Date

- I am working with the Unit as part of my professional assignment, and my employer is aware of my activities and assumes responsibility for my training for the tasks for which I am engaging with the Unit.

Signature Printed Name Date

Cooperative Research Unit Safety Training Requirements



Examples

- USGS employees
- CRU post-doctoral associate
- CRU advised/co-advised graduate student
- CRU paid technicians or technicians supervised by CRU graduate students

Self explanatory - applies whether equipment is loaned to non CRU persons or used by CRU-associated personnel

- College students
- Graduate students participating without direct supervision from advisor
- Outdoor enthusiast
- Relatives

- Fill out volunteer form
- Note on form agency /organization responsible for the safety training of the individual
- If this person is one of only two individuals participating, verification of first aid/CPR training must be indicated on volunteer form

- University Faculty collaborator (e.g. co-PI)
- Graduate student (specifically instructed by non-CRU supervisor to participate for training purposes and assuming responsibility; signature required by faculty)
- Agency contact (e.g. State or federal agency personnel)
- Funding agency representative assessing project progress and process (e.g. TNC, University Administration)
- Media personnel reporting on project (e.g. radio, newspaper or television)