

VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

1. <input checked="" type="checkbox"/> INDIVIDUAL		2. <input type="checkbox"/> GROUP	
3. NAME OF AGENCY		4. AGREEMENT #	
5. NAME OF VOLUNTEER (First, Last)		6. U.S. CITIZEN OR PERMANENT RESIDENT <input type="checkbox"/> Yes <input type="checkbox"/> No, list visa type _____	
7. NAME OF GROUP		8. NAME OF GROUP CONTACT (First, Last)	
9. STREET ADDRESS		10. CITY, STATE, ZIP CODE	
11. EMAIL ADDRESS	12. PHONE Home: Mobile:	13. AGE <input type="checkbox"/> Under 15 <input type="checkbox"/> 15 – 18 <input type="checkbox"/> 19 - 25 <input type="checkbox"/> 26 – 35 <input 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 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 type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
		14c. Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		14d. Do you have disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMERGENCY CONTACT INFORMATION			
15. NAME (Last, First)		16. PHONE Home: Mobile:	17. EMAIL ADDRESS
18. STREET ADDRESS		19. CITY, STATE, ZIP CODE	
GOVERNMENT OFFICIAL COMPLETES THIS SECTION			
20. AGENCY CONTACT NAME (Last, First) <i>Hobe Sound Nature Center</i>		21. AGENCY CONTACT EMAIL & PHONE <i>hobesoundnaturecenter@gmail.com</i> <i>772-546-2067</i>	
22. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type and Rate of Reimbursement:		23. VOLUNTEER POSITION/GROUP PROJECT TITLE: <i>Nature Center Volunteer</i>	

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: Please select which volunteer position(s) you are interested in:

- Animal Care** – Perform routine and specialized duties associated with live teaching animals, including feeding, cleaning, handling and maintaining displays. Must be able to lift 20 lbs., stand or walk for up to 2 hours at a time, work outside in Florida weather, follow animal care guidelines, be cheerful and comfortable speaking in front of guests.
- Greeter** – Welcome all guests to the exhibit hall and answer any questions about the Nature Center, Wildlife Refuge and resident animals. If willing, can handle live animals for guests. May be asked to perform Docent duties. Must be enthusiastic, cheerful and comfortable speaking in front of guests.
- Docent** – Assist staff with on and off site programs and special events, handle live animals and conduct guided tours of exhibit hall and nature trail. Perform light office work and trail maintenance if able. Must be able to lift 20 lbs., stand or walk for up to 2 hours at a time, work outside in Florida weather, be enthusiastic, cheerful and comfortable speaking in front of guests.
- Turtle Scout (ages 15 and up)** – Assist staff with guided sea turtle hikes to observe nesting female turtles. Must be available Thursday and/or Friday nights during the summer months from 8:30 pm to midnight and able to walk on the beach in the sand for at least 1 mile.
- Gift Shop (ages 18 and up)** – Assist staff with inventory, displays and sales in the Owl’s Roost gift shop. Must be enthusiastic, cheerful and able to count and handle money.
- Summer Camp Counselor** – Assist staff with animal encounters, guided trail hikes, crafts, games and wading in the lagoon with nature campers. Must be able to commit to two weeks during mid-June through mid-July Monday through Friday 8:30 am to 12:30 pm, be able to lift 20 lbs., stand or walk for up to 2 hours at a time and work outside in Florida weather.
- Hobe Sound National Wildlife Refuge Volunteer (ages 18 and up)** – Trail maintenance, landscaping and invasive plant removal. Must be able to work outside in Florida temperatures, lift 20 lbs. and stand or walk for up to 3 hours.

25. **Check all that apply:** Description of service attached List of group participants/optional form 301b attached Job Hazard Analysis
 Valid Driver’s License Verified (if required)

PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18

26. PARENT OR LEGAL GUARDIAN (First, Last)	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.
 32. **(NAME OF YOUTH)**

33. **Parent/Guardian Signature** _____ **Date** _____

VOLUNTEER & GROUP LEADER AFFIRMATION

34. I understand that I will not receive any compensation for the above service and that volunteers are NOT considered Federal employees except as otherwise provided 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, and certify that the statements I have checked below are true:

- 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. If a group see attached OF301b.
- 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.
- 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 Hobe Sound Nature Center and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group. (NAME OF FEDERAL AGENCY)

35. Signature of Volunteer or Group Leader

Date

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.

36. Signature of Government Representative

Date

TERMINATION OF AGREEMENT

37. Agreement Terminated Date:

Total Hours Completed:

38. Signature of Government Representative:

PUBLIC BURDEN STATEMENT

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.

PRIVACY ACT STATEMENT

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, injury compensation, and other volunteer claims allowed by law. Furnishing this data is voluntary, however if this form is incomplete, enrollment in the program cannot proceed.

Hobe Sound Nature Center Volunteer Agreement

Name: _____

Date: _____

Please initial next to each statement, showing that you understand and agree to it:

_____ I will maintain a high commitment to personal safety and that of fellow volunteers, staff, and guests and immediately report any incidents and/or concerns to the Hobe Sound Nature Center staff.

_____ I will commit to at least six (6) months of volunteering for teens 13 – 17 years old or three (3) months for adults 18 years old and up with the Hobe Sound Nature Center.

_____ I will be respectful to staff, guests, and fellow volunteers at all times.

_____ I will follow the roles and responsibilities as outlined in my position description.

_____ I will be reliable and prompt and will notify the Hobe Sound Nature Center staff if I am unable to complete my scheduled shift. I also understand the Three Strike Policy (see reverse side).

_____ I will attend all mandatory training sessions and/or meetings unless alternatives have been arranged with the Hobe Sound Nature Center staff.

_____ I will sign in and out during every shift and accurately record my volunteer hours.

_____ I will dress appropriately (volunteer shirts can be obtained for a \$5 donation).

_____ I will commit to upholding the Hobe Sound Nature Center's mission of promoting an environmental awareness in people of all ages.

_____ I have read and understand the Hobe Sound Nature Center's Social Media Policy (see reverse side).

_____ I have read and understand the Hobe Sound Nature Center's Youth Protection Policy (see reverse side).

Signature

Date

Parent/Guardian Signature Needed for Volunteers under 18 years of age: I have reviewed and discussed the above agreement with my child. We understand that compliance with these commitments is required to volunteer at the Hobe Sound Nature Center.

Signature of Guardian

Date



Hobe Sound Nature Center Policies

Three Strike Policy: A strike will be given to the volunteer if s/he fails to appear at their scheduled shift without prior notice to the Hobe Sound Nature Center staff. An accumulation of three strikes and the volunteer will be removed from the Hobe Sound Nature Center volunteer program. Prior notifications to absences, either by email or phone, will not count as strikes. Emergencies will always be excused absences.

Social Media Policy: Any pictures taken while as a volunteer can be posted on any social media page if they follow these guidelines

- 1) The picture is taken in the museum or on the trail and not in the offices or behind the scenes area.
- 2) All teaching animals are being handled properly and the volunteer is wearing either the Hobe Sound Nature Center volunteer shirt or their name tag.
- 3) The picture represents the Hobe Sound Nature Center and Wildlife Refuge in a positive light.
- 4) When in doubt, ask a staff member.

Youth Protection Policy: All volunteers will maintain respect and proper contact with staff and other volunteers. Any volunteer who sees inappropriate behavior or sees a safety violation should report it to any staff member. Inappropriate behavior, either physical or verbal, will not be tolerated and will result in immediate dismissal from the volunteer program. Further precautions for volunteers ages 13-17 years old will be when/if working on the trail, volUNTEENS will be in groups of three (3).

Hobe Sound Nature Center Agreement to Volunteer

1. We will provide written information, training and support so you as a Volunteer are able to meet the responsibilities of your position.
2. We will respect the skills, dignity, and individual needs of the Volunteer, and adjust to accommodate individual requirements whenever possible.
3. We will be receptive to feedback from you as a Volunteer regarding ways in which we might improve our Volunteer program and mutually accomplish the Hobe Sound Nature Center's mission of promoting an environmental awareness to people of all ages.
4. We will maintain our commitment to the health and safety of all Volunteers, staff, and guests.
5. We will provide scholarship opportunities, letters of recommendations, reference letters, and/or proof of Volunteer hours to institutions that require it when asked by the Volunteer.

