

J. N. "Ding" Darling National Wildlife Refuge

Volunteer Application

Name: Mr/Mrs/Ms (circle) _____

Today's Date: _____

Local Address: _____
(Street or P.O. Box)

Months Available: _____

(City) (State) (Zip Code)

Day(s) of Week Available (circle)

Su M Tu W Th F Sa

Local Telephone: (_____) _____

Preferred Time of Day: AM PM

Email Address: _____

Summer Address: _____
(Street or P.O. Box)

Age: _____

(City) (State) (Zip Code)

Summer Telephone: (_____) _____

Cellular Phone _____

Volunteer Positions

Check the positions that interest you.

- | | | |
|---|---|---|
| <input type="checkbox"/> Visitor Center Desk | <input type="checkbox"/> Litter Patrol | <input type="checkbox"/> Biological Support |
| <input type="checkbox"/> Roving Interpreter | <input type="checkbox"/> Photographer | <input type="checkbox"/> Answer Telephone |
| <input type="checkbox"/> Program Interpreter | <input type="checkbox"/> Maintenance Asst. | <input type="checkbox"/> Tour Guide |
| <input type="checkbox"/> School Program Assistant | <input type="checkbox"/> Clerical Assistant | <input type="checkbox"/> Other _____ |

Skills/Background

Check any below that are applicable:

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Dealing With People | <input type="checkbox"/> Photography | <input type="checkbox"/> Video |
| <input type="checkbox"/> Telephone Info | <input type="checkbox"/> Computer prog | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Web Site |
| <input type="checkbox"/> Speaking to Groups | <input type="checkbox"/> Tractor Operator | |
| <input type="checkbox"/> Teaching/Education | <input type="checkbox"/> General Building Maintenance | |
- Bird Identification Beginner, Intermediate, Advanced
- Other (please specify) _____

1. What position(s) have you held both professionally and as a volunteer?

<u>Position</u>	<u>Organization</u>	<u>Years of Service</u>
•		
•		
•		
•		
•		

Return this application to:

Refuge Volunteer Coordinator
J. N. "Ding" Darling National Wildlife Refuge
One Wildlife Drive
Sanibel, FL 33957
(239) 472-1100, Ext. 222

J. N. "Ding" Darling National Wildlife Refuge

Volunteer Services Agreement for Natural Resources Agencies

for Individuals or Groups

Please print when completing this form

Site Name/Project Leader Paul Tritiak		Agency USFWS		Reimbursement (if any)	
Name of Volunteer or Group Leader – Last, First, Middle			Age (If Individual Agreement) <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-55 <input type="checkbox"/> 56 and Older		
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Visa Type		Email Address		Home Phone	
				Mobile Phone	
Street Address			City		State
					Zip

IF VOLUNTEER IS UNDER AGE 18 – Name of Parent or Legal Guardian		Home Phone		Mobile Phone		Email Address	
Street Address		City		State		Zip	

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 sponsored

by _____ at _____
 (Name of Sponsoring Organization, if applicable) (Name of Volunteer Duty Station)

From _____ to _____
 (Date) (Date) (Parent/Guardian Signature) (Date)

Emergency Contact Name / Relationship		Home Phone		Mobile Phone		Email Address	
Street Address		City		State		Zip	

GOVERNMENT OFFICIAL COMPLETES THIS SECTION

Description of service to be performed. Include details such as time and schedule commitment, use of personal equipment, government vehicle, skills required (note certifications if necessary), level of physical activity required, etc. Attach the complete job description and job hazard analysis to this form. If this is a group agreement, the leader is to provide the group name, a complete list of group participants to be attached to this form, and parental approval (above) completed for each volunteer under the age of 19.

Government Vehicle required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Valid State Driver's License	<input type="checkbox"/> International Driver's License
Personal Vehicle to be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please verify that the volunteer is in possession of one of these documents. DO NOT keep a copy of the document for his/her file.	

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.

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 statement I have checked below is true:

I know of no medical condition or physical limitation that may adversely affect my ability to provide this service.

I do know of a medical condition or physical limitation that may adversely affect my ability to provide this service and have explained it to _____.

(Name of Agency Official)

I do hereby volunteer my services as described above, to assist in agency-authorized work. I agree to follow all applicable safety guidelines.

(Signature of Volunteer)

(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 and injury compensation to the extent not covered by your volunteer group, if any.

(Signature of Government Representative)

(Date)

Termination of Agreement

Volunteer requests formal evaluation Yes No

Evaluation Completed _____

(Date)

Agreement terminated on _____

(Date)

(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.

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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA and USDI are equal opportunity providers and employers.

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 and injury compensation. Furnishing this data is voluntary, however if this form is incomplete, enrollment in the program cannot proceed.

USFWS Volunteer Safety Rules

The purpose of these rules is not to restrict the rights of anyone, but to define and protect the rights of all and ensure the cooperation of everyone. Violation may be sufficient grounds for termination of the agreement between the U. S. Fish and Wildlife Service and the volunteer.

- No volunteer will be permitted to work under the influence of intoxicants or narcotics.**
- No volunteer will carry firearms, dangerous weapons, fireworks, or intoxicants of any nature on Federal property.**
- No volunteer is to operate any defective equipment. If you suspect defective equipment, report it to the Refuge Volunteer Coordinator immediately.**
- No volunteer is to remove any safety guards from equipment, nor use the equipment without its safety guards in place. Proper safety protection must be worn when operating equipment that requires protection.**
- Horseplay and fighting are prohibited.**
- Walk, do not run, except when an emergency situation requires speed.**
- Tools will be transferred hand-to-hand from one person to another, or by suitable rope or cable. Tools will not be thrown or dropped to each other.**
- No volunteer will operate Service vehicles without passing a driving test and without possessing a valid state driver's license. All volunteers will be subject to a driving history check.**
- Volunteers under the age of 18 will not perform hazardous work projects. Adult volunteers will not perform hazardous duties unless safety instruction has been received and the volunteer is informed of proper measures to ensure safety.**
- Volunteers must report all personal injuries immediately to the Refuge Volunteer Coordinator or Service Staff member supervising the project.**
- Volunteers will comply with all other safety rules of the Refuge.**

Volunteer Coordinator Signature

Date

Volunteer Signature

Date