



PARENTAL/GUARDIAN PERMISSION

FOR JUVENILE VOLUNTEERS

Juveniles are defined as individuals under the age of 18. They may register and become volunteers if they provide written consent from a parent or guardian. The California Department of Parks and Recreation reserves the right to accept or deny any juvenile volunteer's application based on:

- 1) Program/operation needs,
- 2) The applicant's maturity and knowledge,
- 3) The applicant's demonstrated interest in department programs, and
- 4) The availability of adult supervision.

Juvenile volunteers must be assigned an adult supervisor. Arrangements for this supervision must be approved by the California Department of Parks and Recreation.

NAME OF PARENT OR LEGAL GUARDIAN <i>(Please print.)</i>	TELEPHONE NO.
STREET ADDRESS	
CITY/STATE/ZIP CODE	
<p style="text-align: center;">_____, <i>a juvenile, has my permission to participate in</i> (Volunteer's Name) <i>California Department of Parks and Recreation volunteer activities. I have read and agree to the requirements stated above.</i></p>	
PARENT OR LEGAL GUARDIAN'S SIGNATURE	DATE

UNIT/LOCATION Tijuana River National Estuarine Research Reserve/San Diego Coast - South	
ACTIVITY/PROJECT Habitat Restoration event	DATE(S) OF ACTIVITY/PROJECT
<p>CHECK ONE:</p> <p><input type="checkbox"/> Long-Term Volunteer (<i>more than 3 days</i>): As part of the application process, prospective long-term underage volunteers are required to sign a Volunteer Services Agreement (DPR 208) and have this parental permission form signed by the same parent or guardian.</p> <p><input checked="" type="checkbox"/> Short-Term Volunteer (<i>3 days or less</i>): Volunteer Services Agreement (DPR 208) <u>not</u> required.</p>	
DPR EVENT SUPERVISOR OR VOLUNTEER PROGRAM LEADER SIGNATURE	DATE

State of California - Natural Resources Agency
DEPARTMENT OF PARKS AND RECREATION

VISUAL MEDIA CONSENT

PRIVACY RIGHTS AND USE OF INFORMATION


I give the State of California, Department of Parks and Recreation (DPR) permission to make photographs, videotapes, films or other likenesses of me, my child or legal ward. I hereby grant to DPR the unrestricted right to copyright any of the above-mentioned materials containing images of me, as well as the unrestricted right to use and reuse them, with their caption information, in whole or in part, in any manner, for any purpose and in any medium now known or hereinafter invented, in perpetuity, and in all languages throughout the world. These rights include, but are not limited to, the right to publish, copy, distribute, alter, license and publicly display these materials and images for editorial, trade, marketing and/or advertising purposes. I also grant to DPR and its licensees the unrestricted right to use and disclose my name in connection with use of the above materials.

I understand and agree that I will not be paid for any use described above.

I also waive, and release and discharge the State of California, DPR, its officers, employees and/or agents from, any and all claims arising out of or in connection with any use of the materials, caption information and images described above, including any and all claims for libel, defamation and/or invasion of privacy or publicity. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. I realize I cannot withdraw my consent after I sign this form and I realize this form is binding on me and my heirs, legal representatives and assigns.

NAME OF SUBJECT(S) DEPICTED IN VISUAL MEDIA (print)

By signing this form I hereby certify that I am the subject and/or parent or legal guardian of the person(s) under 18 years of age named above and I hereby sign this consent form on behalf of myself and/or such person(s) in accordance with the statements above.

SIGNATURE OF SUBJECT AND/OR PARENT/LEGAL GUARDIAN		PRINTED NAME	PHONE NUMBER
			()
ADDRESS	CITY/STATE/ZIP CODE		E-MAIL ADDRESS

FOR DEPARTMENT USE ONLY

PARK UNIT AND/OR LOCATION WHERE VISUAL MEDIA CAPTURED (print)		UNIT NO.
PHOTOGRAPHER'S NAME AND TITLE (print)	DATE VISUAL MEDIA CREATED	

IMAGE NUMBERS

VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

1. <input checked="" type="checkbox"/> INDIVIDUAL		2. <input type="checkbox"/> GROUP	
3. NAME OF AGENCY U.S. Fish & Wildlife Service		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) Good, Deborah		21. AGENCY CONTACT EMAIL & PHONE debbie_good@fws.gov 619-575-2704 x331	
22. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type and Rate of Reimbursement:		23. VOLUNTEER POSITION/GROUP PROJECT TITLE: Habitat Restoration event	
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			
Service will include removal of invasive plant species, installation of native plants and watering. The work site is located at 301 Caspian Way, Imperial Beach 91932 on the Tijuana Slough National Wildlife Refuge. Possible hazards in the work site include exposure to cactus and rattlesnakes. Volunteers MUST wear long pants and sturdy closed-toe shoes.			
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)			

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. <div style="text-align: center; margin-top: 5px;">(NAME OF YOUTH)</div>		
32. Parent/Guardian Signature		Date
VOLUNTEER & GROUP LEADER AFFIRMATION Please check one		
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. 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: <input 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. If a group see attached OF301b. <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 the Tijuana Slough National Wildlife Refuge and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group. <div style="text-align: right; margin-top: 5px;">(NAME OF FEDERAL AGENCY)</div>		
34. 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.		
35. Signature of Government Representative		Date
TERMINATION OF AGREEMENT		
36. Agreement Terminated Date:		Total Hours Completed:
37. 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 and injury compensation. Furnishing this data is voluntary, however if this form is incomplete, enrollment in the program cannot proceed.		