



SPECIAL PROJECT OR ACTIVITY SIGN-IN (INDIVIDUAL)

UNIT/LOCATION	ACTIVITY/PROJECT	LEADER	DATE(S) OF ACTIVITY/PROJECT
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AGREEMENT, WAIVER, PHOTO/VIDEO RELEASE, AND RELEASE OF CLAIMS

Each of the undersigned agrees as follows:

- 1. If the participant is a minor under the age of 18, I hereby declare that I am the parent or legal guardian of the participant, who may also hereinafter be referred to as "my child," and by signing this agreement I give my child permission to participate in the project described above;*
- 2. That I (and/or my child) am volunteering my services for the above-described event on a voluntary basis without anticipation of payment of any kind;*
- 3. That I (and/or my child) will perform assigned tasks which are within my physical capability to the best of my ability, and that I will not undertake tasks that are beyond my ability or physical capability;*
- 4. That I (and/or my child) am familiar with the safe operation and use of equipment and tools that I may utilize in connection with this volunteer activity, and that I will not undertake to use any equipment or tools with which I am unfamiliar or do not know how to operate safely;*
- 5. That I (and/or my child) will perform only those tasks assigned, observe all safety rules, and use care in the performance of my assignments;*
- 6. That I understand there are risks and hazards associated with my (and/or my child's) participation;*
- 7. That I (and/or my child) hereby release and discharge, agree to indemnify and hold harmless, the State of California, the Department of Parks and Recreation, and their agents, employees and representatives, from all claims, demands, actions or judgments which I, or my heirs, executors, administrators or assigns, may have for any and all injuries and damages, known or unknown, caused by or arising out of the above-described activity;*
- 8. That I (and/or my child) specifically acknowledge that I (and/or my child) am engaging in this activity as a volunteer, at my (and/or my child's) own request and risk, and not as a State of California employee, agent, official, officer or representative, and further acknowledge that I (and/or my child) am not entitled to any compensation, benefit or insurance coverage from the State of California or the Department of Parks and Recreation, nor will I (and/or my child) make any such claim;*
- 9. I grant the California Department of Parks and Recreation permission to record, edit, transcribe, use, duplicate, modify, distribute, publicly exhibit and perform my (and/or my child's) participation, appearance, written or oral statements in the project described above, in any and all media now existing or hereafter developed, throughout the world without restrictions or limitation. I consent to the use of my (and/or my child's) name, likeness, voice and biographical information in connection with the foregoing. I acknowledge and agree that I (and/or my child) shall have no right of approval, no claim to compensation, and no claim (including, without limitation, claims based on invasion of privacy, defamation, or right of publicity) arising out of any use, blurring, alteration, or use in composite form of my (and/or my child's) name, picture, likeness, or written or oral statements. I acknowledge and agree that California Department of Parks and Recreation) shall not be liable for losses or injuries of any kind resulting from its use of my (and/or my child's) name, likeness, picture, information, and other listed items described above;*
- 10. That I have read this agreement, waiver and release of claims, and understand its terms, and I voluntarily execute it with full knowledge of its significance.*

BY SIGNING THIS DOCUMENT, I HEREBY EXECUTE THIS AGREEMENT ON BEHALF OF MYSELF (AND/OR MY CHILD). I DECLARE THAT I HAVE BEEN GIVEN FULL OPPORTUNITY TO READ THIS AGREEMENT, THAT I UNDERSTAND IT AND AM EXECUTING THIS DOCUMENT VOLUNTARILY, FREELY AND KNOWINGLY, WITHOUT RELIANCE ON ANY REPRESENTATIONS OR OTHER STATEMENTS OF THE CO-SPONSORS OR OTHERS. I AGREE THAT THE TERMS OF THIS DOCUMENT ARE BINDING ON ME (AND/OR MY CHILD), MY HEIRS, LEGAL REPRESENTATIVES AND ASSIGNS (AND/OR THE HEIRS, LEGAL REPRESENTATIVES AND ASSIGNS OF MY CHILD).

PRINT NAME OF PARTICIPANT
CHECK BOX IF MINOR

PRINT NAME OF MINOR'S
PARENT/LEGAL GUARDIAN

SIGNATURE OF PARTICIPANT OR
PARENT/LEGAL GUARDIAN

E-MAIL ADDRESS



VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

1. VOLUNTEER AGREEMENT TYPE (Choose 1) <input type="checkbox"/> Individual OR <input type="checkbox"/> Group		2. NAME OF GROUP (if applicable)	
3. NAME OF VOLUNTEER OR GROUP LEADER COMPLETING FORM (Last, First)		4. U.S. CITIZEN OR PERMANENT RESIDENT <input type="checkbox"/> Yes, I am a U.S. citizen or Permanent Resident <input type="checkbox"/> 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. PHONE	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 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.			
12a. Ethnicity (Select one): <input type="checkbox"/> Hispanic, Latino, or Spanish Origin <input type="checkbox"/> Not Hispanic, Latino, or Spanish Origin		12b. 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	
		12c. Are you a Military Veteran or Active Duty Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		12d. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMERGENCY CONTACT INFORMATION			
13. NAME (Last, First)		14. PHONE	15. EMAIL ADDRESS
16. STREET ADDRESS, APT #		17. CITY	18. STATE
			19. ZIP CODE
GOVERNMENT OFFICIAL COMPLETES THIS SECTION			
20. NAME OF AGENCY/ BUREAU		21. AGREEMENT #	
22. AGENCY CONTACT NAME (Last, First)		23. AGENCY CONTACT EMAIL & PHONE	
24. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input type="checkbox"/> 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			
27. Check all that apply: <input type="checkbox"/> Description of service attached <input type="checkbox"/> OF-301b Volunteer Sign-up Form for Groups attached <input type="checkbox"/> Risk Assessment attached <input type="checkbox"/> Valid Driver's License required <input type="checkbox"/> Background Investigation required <input type="checkbox"/> Medical Clearance Required <input type="checkbox"/> 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 _____ to participate in the specified volunteer activity.			
33. (NAME OF YOUTH)			

34. **Parent/Guardian Signature**

Date

VOLUNTEER & GROUP LEADER AFFIRMATION

35. ☐ 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.
- ☐ 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

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 (USDOL), 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.

PRIVACY ACT STATEMENT

Collection and use is covered by Privacy Act System of Records INTERIOR/DOI-05 Interior Volunteer Services File System (which may be viewed at <https://www.doi.gov/privacy/doi-notices>) and OPM/GOVT-1 General Personnel Records (which may be viewed at <https://www.opm.gov/information-management/privacy-policy/#url=SORNs>) 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 information is used to identify persons interested in participating in a government volunteer program, managing the volunteer program, including tort claims and injury compensation. Records or information contained in this system may be disclosed outside the agencies participating in this program as a routine use pursuant to 5 U.S.C. 552a(b)(3). Completing this form is voluntary, but failure to provide the information will prevent program participation.

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



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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

