

VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES	
1. <input type="checkbox"/> INDIVIDUAL	2. <input checked="" type="checkbox"/> GROUP
3. NAME OF AGENCY: Arapaho Roosevelt NF, Boulder RD	4. AGREEMENT #XX-VI-11021001-0001
5. NAME OF GROUP: Indian Peaks Wilderness Alliance	6. NAME OF GROUP CONTACT (First, Last): Kelly Prendergast + Fiona Garvin
7. STREET ADDRESS: P.O. Box 17382	8. CITY, STATE, ZIP CODE: Boulder, CO, 80308 -17382
9. EMAIL ADDRESS: kelly.prendergast@gmail.com f.garvin38@gmail.com	10. PHONE: 720.272.6595 Fiona = 720-201-3164
GOVERNMENT OFFICIAL COMPLETES THIS SECTION	
11. AGENCY CONTACT NAME (Last, First) Skaar, Lyle	12. AGENCY CONTACT EMAIL & PHONE Lyle.Skaar@usda.gov , office: 303.541.2521
<p>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.</p> <p><u>IPWA volunteers will:</u> assist the Boulder R.D. by providing a volunteer presence in the Indian Peaks and James Peak Wilderness that promotes responsible visitor use and supports the preservation of Wilderness and the area's natural resources. As a member of the IPWA, volunteers will attend a full training day their first year and fulfill refresher training requirements each subsequent year they remain a volunteer. Volunteers are required to be in the IPWA/USFS uniform while on their scheduled hikes and perform their duties in a safe, courteous, and prudent manner that represents a positive and professional image of the Forest Service and IPWA. Volunteers are recommended to take a minimum of four scheduled patrols per year as well as engage in IPWA events.</p> <p><u>Duties and responsibilities include the following:</u></p> <ul style="list-style-type: none"> To become familiar with and knowledgeable about the Indian Peaks and James Peak Wilderness area maps, regulations, trail system, popular destinations, and camping zones as well as LNT principles, backcountry safety/hazards, and the natural history and ecology of the area. Be willing to share this information with visitors as they request it or as appropriate to benefit and preserve the Wilderness using the "minimum tool" philosophy, which is the minimum level of contact necessary to achieve the desired outcome. Education is the primary objective during visitor contacts, and volunteers will not attempt any law enforcement related activities and limit all public contacts to daylight hours only. The volunteer will be familiar with the high country Wilderness environment and take no unnecessary risks. Work may be strenuous; volunteers must be in good physical condition and able to patrol at altitudes above 10,000ft in typical Northern Colorado weather, that even during summer may include freezing temperatures and precipitation. Record and submit IPWA field report forms for each patrol in a timely manner. Data collected includes: trail conditions, maintenance needs such as broken/missing signs, damaged bridges, trail water drainage concerns, information on visitor compliance with regulations, and any other hazardous situations. With adequate training volunteers can assist with: monitoring for noxious weeds, visitor-use data collection; breaking up fire rings where prohibited; packing out litter; install/remove signs; performing light trail maintenance such as cleaning drainage features, pruning, and cutting small dead trees across trails; and various other duties in support of the Wilderness program as approved and directed by the BRD. Safety is the volunteer's first responsibility. Volunteers are required to sign up online prior to a scheduled. Solo hikers must follow the established check-in/check-out procedures. Prior to each patrol, volunteers should perform a tailgate safety session, reviewing and following the safety considerations outlined in the Job Hazard Analysis, and be familiar with what to do in case of an injury. Any and all tools used by volunteers under this agreement must be pre-approved by Forest Service. Cross-cut saw use is limited to those volunteers who have been trained and certified by the Forest Service. Volunteers must use the personal protective equipment required for specific work activities under this agreement. This agreement only covers the volunteer at the worksite, not travel to or from, and doesn't cover damage to personal property. Government vehicles are not available for IPWA volunteers. <p>- IPWA Board support for the Wilderness Ranger Internship Program. Additional guidance in the WRIP Operating Plan.</p>	
<p>25. Check all that apply: <input checked="" type="checkbox"/> Description of service attached <input checked="" type="checkbox"/> List of group participants/optional form 301b attached <input checked="" type="checkbox"/> Job Hazard Analysis <input type="checkbox"/> Valid Driver's License Verified (if required)</p>	

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. (NAME OF YOUTH)		
32. Parent/Guardian Signature		Date
VOLUNTEER & GROUP LEADER AFFIRMATION		
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. As the IPWA liaison, I understand the health and physical condition requirements for doing the work as described in the description of services to be performed and have required all IPWA members to read and agree to this document. I have made this agreement available to all IPWA volunteers for them to answer the following statement in truth: <input checked="" 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 IPWA's services as described above, to assist in authorized activities on the Boulder Ranger District and agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group.		
34. Signature of Volunteer or Group Leader <i>Kelly Krennigart // Jim Gian</i>		Date <i>5/6/2023</i>
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 /s/ KEVIN MCLAUGHLIN <small>Digitally signed by KEVIN MCLAUGHLIN Date: 2023.05.03 13:31:17 -06'00'</small>		Date
TERMINATION OF AGREEMENT		
36. Agreement Terminated Date: <i>4/1/2024</i>		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.		