USE OF VOLUNTEERS

1. PURPOSE

To establish guidelines for using volunteers within the Wildlife Services (WS) program.

2. BACKGROUND

WS has authority to accept the services of volunteers under 5 CFR Section 308.103, 7 U.S.C. Section 2272 and Departmental Regulation DR 4230-1. A volunteer as defined in 7 U.S.C. Section 2272 is an individual who offers his or her services without compensation and who performs those services in furtherance of the programs of USDA agencies. WS has a long standing practice of using volunteers. In addition to program support, WS' volunteer use provides valuable experience to students and others interested in pursuing a career with the program.

3. DEFINITIONS

a. Director, Regional Director and Assistant Directors, State Director, National Wildlife Research Center (NWRC) Director and Assistant Directors, Operational Support Staff (OSS) Director and Deputy Directors, National Program Coordinator and Assistant Coordinators.

b. Supervisor, District Supervisor, NWRC Project Leaders, and other WS Supervisors.

4. POLICY

a. Per DR 4230-1, agencies should designate a coordinator who will be responsible for issuing agency guidelines, monitoring the volunteer program, and serving as the agency contact. WS will designate a National Volunteer Coordinator with volunteer program points-of-contact (POC) designated for each Region, NWRC, and OSS/Headquarters.

b. Volunteer Services Agreement for Natural Resources-Form 301a (attachment 1) and Individual Volunteer Sign-In Record-Form 126b (attachment 2) will be used. Upon completion, Form 301a will be submitted to the National Volunteer Coordinator and Form 126b will be submitted to the National Volunteer Coordinator quarterly. Copies of both Forms should be submitted to the POCs. Instructions for completing and submitting both forms are located in Attachment 3.

c. The following information should be included as a written attachment to Form 301a.

1. Volunteer Service Performed. Include brief description of duties, skills required, training required, time and schedule commitment.
2. **Firearms Use.** If the volunteer is to use a firearm, include the following mandatory information: training completion date for each type of firearm to be used, drug test date, and background check date. Volunteer must attest in writing that he/she is not a convicted felon and has not been convicted of a domestic violence crime. Volunteer must also acknowledge in writing that he/she has received WS Directive 2.615, Firearm Use and Safety.

3. **Operating Government Vehicle (GOV).** If the volunteer is to use a GOV, include the following mandatory information: driver license number, state, expiration date, defensive driving training completion date and renewal date if applicable.

4. **Specialized Equipment.** If the volunteer is to use ATV, watercraft, pyrotechnics, machinery, etc., include the following mandatory information: type of training and completion dates for training and proficiency checks.

5. **Volunteer Internship Agreement.** If the volunteer is receiving college credit, a volunteer internship agreement form must be completed with the volunteer and credit granting institution.

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d. Volunteers will be given an overview of the WS program, mission and goals by the Supervisor or Director and a thorough description of the duties and responsibilities will be listed under “Volunteer Service Performed” on the written attachment to Form 301a.

e. Volunteers are not federal employees for any purpose except for the purposes of 5 U.S.C. Chapter 81 (relating to compensation and injury), and 28 U.S.C. Chapter 171, Sections 2672-2680 (relating to tort claims).

f. Volunteers may not be used to displace any WS employee nor may they be used to perform any work which is inherently a government function as per Departmental Regulation DR4230-1 and as defined by OMB Circular A-76. An inherently government function is defined as an activity that is so intimately related to the public interest as to mandate performance by government personnel. These activities require the exercise of substantial discretion in applying government authority and/or in making decisions for the government.

g. Volunteers must be at least 16 years-of-age unless special exemption is given by the Director (written justification to be attached to Form 301a). Volunteers may not be younger than 14 years-of-age, per Departmental Regulation DR4230-1. Directors must adhere to appropriate Federal, State or local laws and standards regarding employment of minors.

h. Volunteers who use firearms must be 18 years-of-age, unless special exemption is given by the Director (written justification to be attached to Form 301a), and they must complete mandatory firearms training, be drug tested, and receive an appropriate background check. Expenses for the drug test and background check will be paid by the State or program area using the volunteer. The Supervisor or Director will provide the volunteer with a copy of the WS Directive 2.615, Firearm Use and Safety, which must be adhered to. The Supervisor or Director must indicate the use of firearms under
“Volunteer Service Performed” and provide the mandatory information on the written attachment to Form 301a. Firearms used by a volunteer are to be inspected prior to use by the Supervisor in accordance with WS Directive 2.615.

i. Volunteers who drive a GOV must have completed the required Defensive Driver Training and must possess a valid state driver’s license. All relevant mandatory training and specialized equipment proficiency checks must be completed for use of an ATV, watercraft and similar equipment. The Supervisor or Director must indicate the use of the specialized equipment under “Volunteer Service Performed” and provide the mandatory information, on the written attachment to Form 301a.

j. Volunteers working in a particularly hazardous area or using power-driven machinery not mentioned in the Section above must have written approval from the Supervisor or Director. The Supervisor or Director must indicate the hazardous working area or the use of the power-driven machinery under “Volunteer Service Performed” and provide the mandatory information on the written attachment to Form 301a.

k. Volunteers may not photograph or make video or audio recordings (including the use of personal cell phones or other recording devices) of any WS operational activities without Supervisor approval.

l. The Supervisor or Director will provide the volunteer a current copy of the WS Directive 1.301, Code of Ethics. The volunteer is expected to adhere to all WS Directives.

m. The Supervisor or Director will assure the volunteer is equipped with Personal Protective Equipment (PPE), supplies and other equipment appropriate for their duty assignment.

n. At the Director’s discretion, the State or program is responsible to pay for incidental expenses the volunteer may incur.

5. REFERENCES

5 CFR Section 308.103, Volunteer Service-Authority (8/31/79)
7 U.S.C. Section 2272, Volunteers for Department of Agriculture Programs (01/07/11)
USDA Departmental Regulation DR 4230-1, Volunteer Programs (06/05/97)
5 U.S.C. Chapter 81, Compensation for Work Injuries (01/07/11)
28 U.S.C. Chapter 171, Section 2672-2680 (2/1/11)
OMB Circular No. A-76 Revised (05/29/03)
WS Directive 2.615 Firearm Use and Safety (11/24/09)
WS Directive 1.301 Code of Ethics (08/31/10)

Deputy Administrator
Volunteer Services Agreement for Natural Resources Agencies
for Individuals or Groups

Please print when completing this form (Attach a separate sheet for those data that do not fit in the allowed spaces).

<table>
<thead>
<tr>
<th>Site Name/Project Leader</th>
<th>Agency</th>
<th>Reimbursement (if any)</th>
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<tr>
<th>Name of Volunteer or Group Leader - Last, First, Middle</th>
<th>Age (If Individual Agreement)</th>
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<tr>
<td></td>
<td>☐ Under 18 ☐ 18-25 ☐ 26-55 ☐ 56 and Older</td>
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<table>
<thead>
<tr>
<th>Are you a U.S. Citizen?</th>
<th>☐ Yes ☐ No Visa Type</th>
<th>Email Address</th>
<th>Home Phone</th>
<th>Mobile Phone</th>
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<table>
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<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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IF VOLUNTEER IS UNDER AGE 18 – Name of Parent or Legal Guardian

<table>
<thead>
<tr>
<th>Email Address</th>
<th>Home Phone</th>
<th>Mobile Phone</th>
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<th>Street Address</th>
<th>City</th>
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<th>Zip</th>
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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 ___________________________.

(Parent/Guardian Signature)

(Date) (Date) (Date)

Emergency Contact Name

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<th>Zip</th>
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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 18.

<table>
<thead>
<tr>
<th>Government Vehicle required?</th>
<th>☐ Yes ☐ No</th>
<th>☐ Valid State Driver's License ☐ International Driver's License</th>
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<table>
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<tr>
<th>Personal Vehicle to be used?</th>
<th>☐ Yes ☐ No</th>
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</table>

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.

The U.S. Department of Agriculture (USDA) and U.S. Department of the Interior (USDI) 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 for communication of program information (Braille, large print, audiotape, etc.) should contact USDA’s TARGET Center at 202-720-2600 (voice and TDD).

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.
INDIVIDUAL VOLUNTEER SIGN-IN RECORD

(Please type or print)

NAME OF VOLUNTEER: __________________________________________________________

SOCIAL SECURITY NUMBER: ___________________ DATE OF BIRTH:_________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME IN</th>
<th>TIME OUT</th>
<th>TOTAL HOURS</th>
<th>LOCATION</th>
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TOTAL HOURS____________________

To be completed by responsible program official:

Program: ___________________________ Phone: ___________________________

Signature: _________________________ Title: ___________________________

Distribution: Upon completion of volunteer service, forward to: Servicing Human Resources Assistant
USDA, APHIS, HRO-Minneapolis, Staffing
Butler Square, Fifth Floor
100 North Sixth Street
Minneapolis, MN 55403
Instructions for Completing

Volunteer Services Agreement for Natural Resources Agencies (Form 301a)
Individual Volunteer Sign-In Record (Form 126b)

Volunteer Services Agreement for Natural Resources Agencies-Form 301a
• Must be completed for each volunteer.
• Per WS Directive 4.105, supervisor will include a written attachment with the following information: description of duties, mandatory firearms information, mandatory government vehicle information and specialized equipment use.
• Upon completion, form will be submitted to National Volunteer Coordinator. Supervisor should retain a copy of the completed form and forward a copy to the appropriate WS Volunteer Point-Of-Contact.

Individual Volunteer Sign-In Record-Form 126b
• Supervisors must keep a record of volunteer hours.
• Completed forms will be submitted to the National Volunteer Coordinator quarterly. Supervisor should retain a copy of the completed form and forward a copy to the appropriate WS Volunteer Point-Of-Contact.
• Completed forms should not be forwarded to Servicing Human Resources Assistant as indicated on the form.