

# PRESIDIO TRUST AGREEMENT FOR INDIVIDUAL OR GROUP DONATED SERVICES

## VOLUNTEER or VOLUNTEER GROUP LEADER INFORMATION

1. FULL LEGAL NAME

2. PREFERRED NAME *(optional)*

3. PREFERRED EMAIL ADDRESS

4. PREFERRED PHONE

5. BIRTH DATE

6. ZIP CODE

## EMERGENCY CONTACT INFORMATION

7. FULL NAME

8. PREFERRED PHONE / EMAIL

## DESCRIPTION OF DONATED SERVICES

9. VOLUNTEER POSITION TITLE: Presidio Volunteer-General

10. VOLUNTEER WORK DESCRIPTION: Natural and cultural resources stewardship and/or visitor engagement opportunities. Presidio Trust representatives may indicate additional details of the volunteer activities to be performed.

## VOLUNTEER & VOLUNTEER GROUP LEADER AFFIRMATION

11. I understand that I will not receive any compensation for the above work and that volunteers are not considered to be federal employees for any purpose other than possibly for tort claims and injury compensation.\* I understand that donated service is not creditable for leave accrual or any other employee benefits and that either the Presidio Trust 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 donated service is not a pre-qualification or entitlement for any future contract or monetary arrangement with the Presidio Trust. I understand that photographs or videos may be taken while I am serving under this Agreement and used by the Presidio Trust or its partners and distributed throughout various media including the internet for administrative purposes. Unless I request in writing restricted use of any such photographs or videos, they may be so used by the Presidio Trust without further notice. I understand that all publications, films, slides, videos, artistic or similar endeavors, resulting from my volunteer services as specifically stated in the attached position 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 that by providing my email address, I will be added to the Presidio Volunteer Update e-newsletter and understand that I can unsubscribe at any time.

I further understand the health and physical condition requirements for doing the work as described in the position description above (#10) and at the project location, and certify that the statements I have checked below are true:

I or group's leader know of no medical condition or physical limitation that may adversely affect my or members of the group's ability to provide this service.

I or member(s) of the group have a medical condition or physical limitation that may adversely affect my or members of the group's ability to provide this service and have informed the Presidio Trust.

*\*Status as a federal employee for purposes of tort claims and injury compensation is subject to a determination based on the particular factual circumstances of any claim or injury.*

Pursuant to Section 104(e) of the Presidio Trust Act, I do hereby volunteer my services as described above, to assist in authorized activities at the Presidio Trust, and I agree to follow all applicable safety guidelines.

12. SIGNATURE OF VOLUNTEER or VOLUNTEER GROUP LEADER

13. DATE

**PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18**

14. FULL NAME OF PARENT or LEGAL GUARDIAN

15. PREFERRED PHONE

16. EMAIL ADDRESS

17. I affirm that I am the parent/guardian of the above named volunteer. I understand that the Presidio Trust 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 description of the service that the volunteer will perform. I give my permission for \_\_\_\_\_ to participate in the specified volunteer activity.

18. PARENT / GUARDIAN SIGNATURE

19. DATE

**NON-DISCRIMINATION STATEMENT**

The Presidio Trust prohibits discrimination in all programs 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 Presidio Trust for administrative purposes including tracking donated services and allocation of volunteer resources. Furnishing this data is voluntary, however if this form is incomplete, with the exception of the optional section, enrollment in the program cannot proceed.

**PRESIDIO TRUST OFFICIAL COMPLETES THIS SECTION**

The Presidio Trust 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.

20. FULL NAME of Presidio Trust Representative

21. PHONE

*Office:**Mobile:*

22. SIGNATURE of Presidio Trust Representative

23. DATE

**TERMINATION OF AGREEMENT**

24. AGREEMENT TERMINATION DATE:

25. SIGNATURE of Presidio Trust Representative When Terminated: