

## VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

1. <input type="checkbox"/> INDIVIDUAL		2. <input checked="" type="checkbox"/> GROUP	
3. NAME OF AGENCY U.S. Forest Service (Northern Region (R1) – Montana, Northern Idaho, North & South Dakota National Forests & Grasslands)		4. AGREEMENT #	
5. NAME OF VOLUNTEER (First, Last) N/A		6. U.S. CITIZEN OR PERMANENT RESIDENT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, list visa type _____	
7. NAME OF GROUP Back Country Horsemen of Montana (BCHMT)		8. NAME OF GROUP CONTACT (First, Last) Wade Murphy, Chair BCHMT (406) 431-1717 Secondary contact – Matt Pederson, Vice Chair (406) 490-7478	
9. STREET ADDRESS 2130 9 <sup>th</sup> St. W. #109		10. CITY, STATE, ZIP CODE Columbia Falls, MT 59912	
11. EMAIL ADDRESS <b>webmaster@bchmt.org</b>		12. PHONE (406) 691-6218	
13. AGE <input checked="" type="checkbox"/> Under 15 <input checked="" type="checkbox"/> 15 - 18 <input checked="" type="checkbox"/> 19 - 25 <input checked="" type="checkbox"/> 26 - 35 <input checked="" type="checkbox"/> 36 - 54 <input checked="" 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	
<b>EMERGENCY CONTACT INFORMATION</b>			
15. NAME (Last, First)		16. PHONE	17. EMAIL ADDRESS
18. STREET ADDRESS		19. CITY, STATE, ZIP CODE	
<b>GOVERNMENT OFFICIAL COMPLETES THIS SECTION</b>			
20. AGENCY CONTACT NAME (Last, First) R1 Trails Coordinator: Wellner, Kent		21. AGENCY CONTACT EMAIL & PHONE <u>kent.wellner@usda.gov</u> (406) 329-3150	
22. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type and Rate of Reimbursement:		23. VOLUNTEER POSITION/GROUP PROJECT TITLE: Back Country Horsemen of Montana (BCHMT)	

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

The following description of services and special provisions apply to the Group Volunteer Agreement. This agreement covers volunteer activities planned and administered directly by Back Country Horsemen of Montana (BCHMT) chapters throughout the state of Montana. This volunteer agreement will consist of several phases to further strengthen the partnership between the various BCHMT Chapters and the National Forests & Grasslands within the Northern Region (R1) across Montana, Northern Idaho, North Dakota & NW South Dakota.

**Trail Project Planning, Education and Outreach:** Identification of trail maintenance and development opportunities will be done at the Forest/Grassland/Ranger District level on an annual basis, including identification of mutually beneficial public education opportunities for public outreach. Priorities will be established through collaboration and will focus on the identification of specific work projects given the available resources that the Forest Service and BCHMT Chapters have available each year.

**Project Implementation:** Project specific priorities will be implemented annually based on the mutually agreed schedule that is developed during consultation between BCHMT Chapters and Forest Service District Offices. Implementation and coordination will occur across all levels of the respective organizations.

Back Country Horsemen of Montana will conduct routine training, trail maintenance, and reconstruction of trails within National Forests & Grasslands of the Northern Region (R1). This includes Forests & Grasslands within the states of Montana, Northern Idaho, North Dakota & NW South Dakota. Back Country Horsemen of Montana members may participate on project work anywhere within the Northern Region (R1). This work includes packing with stock to support trail work, safety and technical training, signing, tool use and maintenance (including chainsaws and crosscuts with the appropriate training and certifications), felling, clearing, brushing, bucking, log outs, drainage construction (culverts, water bars, drain dips), and tread work, campsite and trail condition inventories, campsite restoration or other trail-related projects specified and managed by the Forest Service. Boardwalk and bridge repair will be approved on a case-by-case basis. Work beyond the attached job hazard analyses (trail maintenance, saw use, stock use, rigging, noxious weed treatment, packing explosives, and general packing) requires a separate volunteer agreement.

This work may require the use of hand tools, brush cutters, clearing saws, rock drills, grip hoists and rigging equipment, and chain and/or crosscut saws. Appropriate Personal Protection Equipment (as addressed in the Job Hazard Analyses) will be used while performing trail work. Anyone using a chain or crosscut saw will be required to have a current Forest Service-recognized saw certification card as well as a current First Aid and CPR card. These may be sent to the regional office annually and disseminated to the forests as needed or updated.

Back Country Horsemen of Montana chapters will work through their local FS BCHMT Chapter Contacts (FS Contacts – Appendix A) to determine that season's program of work to ensure that project work meets FS safety and technical standards. While coordinating with the FS Contacts, check in and out procedures will be established and may include notifications to forest dispatch.

The Forest Service will provide BCHMT a listing of Forest & Grassland Line Officers and FS Contacts (Appendix A). The BCHMT will provide the Forest Service a listing of BCHMT leadership and chapter contacts (Appendix B).

Additionally, Back Country Horsemen can, when mutually beneficial, partner with the Forest Service on public education events and messaging around shared stewardship.

#### Crew leaders will:

1. Conduct and document a tailgate safety session prior to engaging in work to discuss the types of work involved with the project, hazards and precautions, and seek crew input on safety.
2. Ensure all volunteers are aware of and understand the volunteer ethics and conduct portion of this agreement.
3. Ask each volunteer to discuss with the crew leader and/or First Aid lead any physical limitations that would either be aggravated by or restrict participation in the work. Crew members should stop work at any time they perceive a potential hazard is developing.
4. Have participants sign the 301b form at the beginning of the season prior to project initiation.
5. Collecting parental consent (full OF301a) for any minors participating in the event must be submitted prior to project initiation.
6. Notify the designated Forest, Grassland or District Line Officer or FS Contact prior to initiating scheduled workday activities or upon return from a trip if trail clearing was necessary.

Job-related Injury or Illness caused by the volunteer activity must be reported immediately to the FS Contact, who will document on the appropriate forms. Forest Service Contacts will provide BCHMT information on collection of injury or illness information to help complete the appropriate documentation. In non-emergency cases, volunteers must request pre-authorized medical treatment through the FS Contact. Only emergency treatment may be obtained without prior authorization.

Use of personal stock is authorized by this agreement in coordination with the FS Contact. Stock use precautions outlined in the Stock Use JHA must be included in the Safety Tailgate Session prior to work commencing. Defensive Horse Training for BCHMT members will be required every three years. This agreement does not include transportation to or from the trailhead. Hiking/riding time to and from Forest Service project sites and associated camping areas and hiking time from the trailhead to the worksite is covered as a volunteer activity.

Volunteer services to be performed also include use of a firearm for stock euthanasia by Agency designated volunteer firearm users. A separate JHA is attached and must be signed and dated by the Agency designated volunteer(s) participating on the volunteer project.

This agreement covers volunteers during work hours. Where volunteer projects involve overnight camping, camp work including setting up and tearing down camp, cooking and cleaning, acquiring, and treating water, etc., are considered volunteer services. Activities undertaken on crew off days or during down time for rest and relaxation are not considered volunteer services. Conducting unauthorized work could result in termination of this agreement. Volunteers will not receive compensation for the services provided.

Signed JHAs and Volunteer Sign-In Sheet OF301b will be completed prior to initiating any activities. Implementation of this agreement will begin in the field season of 2022. An after-action review (AAR) will be conducted after the 2022 field season to evaluate this agreement.

25. Check all that apply:  Description of service attached  List of group participants/optional form 301b attached  
 Job Hazard Analysis  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. (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. 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:  
 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.  
 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.  
 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 \_\_\_\_\_ US Forest Service \_\_\_\_\_ and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group. \_\_\_\_\_ (NAME OF FEDERAL AGENCY)

34. Signature of Volunteer or Group Leader *D-Wade Murphy* *D-Wade Murphy BCHMT chair* Date: *4-4-2022*

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 - *Leanne Marten* **LEANNE MARTEN, Regional Forester Northern Region** Date: **4/1/2022**

**TERMINATION OF AGREEMENT**

36. Agreement Terminated Date:

**12/31/2022**

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.

**VOLUNTEER ETHICS AND CONDUCT**

Volunteers must conduct themselves in a manner that promotes public confidence in the integrity of the USFS. Fighting or using abusive language with the public, partners, agency employees, other volunteers, or supervisors will not be tolerated.

- a. **IMPARTIALITY:** Volunteers must be fair and impartial in dealing with the general public and coworkers as they perform work assigned to them. Volunteers may never solicit or coerce a gift or accept gifts in return for being influenced in the performance of assigned work.
- b. **MISUSE OF AGENCY AFFILIATION:** Volunteers may not use their affiliation with the USFS to endorse any product or service, should not attempt to intercede with agency personnel on behalf of their friends or relatives, and should never misrepresent themselves as USFS employees.
- c. **USE OF DRUGS AND ALCOHOL:** Volunteers may not use or possess, any federally illegal drugs while on Government owned or leased property. Consuming or being under the influence of alcohol or drugs while performing work for the agency is prohibited. Underage alcohol consumption by volunteers is prohibited.
- d. **SMOKING (to include e-devices):** Volunteers may not smoke in any government owned or leased vehicle or any government facility including government owned/leased lodging accommodations.
- e. **ANTIDISCRIMINATION:** The USFS is committed to a work environment where people treat one another with respect regardless of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from public assistance programs, political beliefs, or known prior civil rights activity. Volunteers, employees, managers, contractors, cooperators, and volunteers are all expected to honor the USFS Civil Rights code and conduct themselves in a manner that is consistent with a professional and supportive work environment.
- f. **SEXUAL HARRASSMENT:** The USFS also has a zero-tolerance policy for sexual harassment. Neither sexual harassment nor retaliation against those who report it will be tolerated.
- g. **WEARING OR DISPLAY OF OFFENSIVE ITEMS:** Volunteers may not wear or display offensive items while representing the Forest Service or working on official volunteer projects. Offensive items may include any use of derogatory words, phrases, epithets, gestures, pictures, drawings, or cartoons that deal with or target race, color, religion, age (40 years or older), disability (physical or mental), national origin, sex (gender), sexual orientation, genetic information, marital, and /or parental status regardless of the means of delivery (that is, verbal or electronic communication); or intimidates, abuses, offends, or creates a hostile work environment
- h. **HATCH ACT:** While conducting official volunteer activity or acting on behalf of the Forest Service, volunteers may not engage in political activity which includes distributing campaign or political materials, performing campaign-related chores or wearing or displaying political buttons, t-shirts, signs or other items.

**CIVIL RIGHTS STATEMENT**

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance. (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).