DATE:

GROUP NAME: BACK COUNTRY HORSEMEN OF MONTANA USDA FOREST SERVICE – NORTHERN REGION

Volunteer Service Agreement—Natural & Cultural Resources

Volunteer Sign-up Form for Groups

All volunteers that participate with an organized group on an episodic volunteer project on a unit of a public lands agency must be signed up on this form. By signing this form you agree to the terms of the project as defined in the attached Volunteer Service Agreement and affirmed by the organization and federal agency represents. Volunteers under age 18 must complete a Volunteer Service Agreement—Natural & Cultural Resources and must be signed by the parent or guardian. Please indicate your willingness (yes) or unwillingness (no) for the Agency to use your photographic, video or audio images in performance of volunteer duties.

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 1.9 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.

GROUP NAME: BACK COUNTRY HORSEMEN OF MONTANA

USDA FOREST SERVICE - NORTHERN REGION

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Group Name: Back Country Horsemen Chapter			Agency: USDA Forest Service, Northern Region				
Group Contact Name (First, Last):		Telephone	Agency Contact Name (First, Last)	: Telephone: (406	Telephone: (406) 329-3150 Email: kent.wellner@usda.gov		
		Email	Kent Wellner	Email: kent.we			
#	Volunteer Name (First, Last)	Signature	Telephone Number	Email Address	Photo	Photo Release	
					Yes	No	
						+	

GROUP NAME: BACK COUNTRY HORSEMEN OF MONTANA USDA FOREST SERVICE – NORTHERN REGION

DATE:

#	Volunteer Name (First, Last)	Signature	Telephone Number	Email Address	Photo Release	
					Yes	No

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DATE:

#	Volunteer Name (First, Last)	Signature	Telephone Number	Email Address	Photo Release	
					Yes	No
		-				