



Pisgah Project Day 2024 Volunteer Affirmation

I am registering either on the website of The Pisgah Conservancy (or in some cases by signing below) to provide volunteer services for “Pisgah Project Day 2024” (which is generally deemed to mean April 20, 2024, but also may include (for some projects) such other proximate dates as may be approved by The Pisgah Conservancy as part of Pisgah Project Day). The volunteer services may include administrative services, trail maintenance, removal and treatment of invasive species, split rail fence construction, trash cleanup, gardening, graffiti removal, etc. and may require light, moderate, or strenuous exertion as I designate (referred to below as the “Services”). The Services shall generally be performed in the outdoors in the Pisgah Ranger District (referred to below as “the Project Location”) in support of the U.S. Forest Service (the “Agency”).

I affirm that:

1. I understand that I will not receive any compensation for the Services 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 benefit.
2. I understand that either the government or I may cancel this agreement at any time by notifying the other party.
3. I understand that my volunteer position may require a reference check, background investigation, and/or criminal history inquiry in order for me to perform my duties.
4. I understand that all publications, films, slides, videos, artistic or similar endeavors, resulting from my performing the Services will become the property of the United States, and as such will be in the public domain and not subject to copyright laws.
5. I understand the health and physical condition requirements for performing the Services at the Project Location, and certify that the statements below are true:
 - a. I know of no medical condition or physical limitation that may adversely affect my ability to provide the Services at the Project Location;

- b. I understand that I will receive a safety briefing and Job Hazard Analysis (JHA) from my team leader(s) on the day of the project with more specific information about the nature of the Services and the location of my specific project and agree that if I become aware of any medical condition or physical limitation that may adversely affect my ability to provide the Services as further described by such team leader(s) I will inform the team leader and U.S. Forest Service representative at such time or refrain from providing the Services.
- c. I consent to being photographed, filmed, or otherwise recorded participating in the Services on Pisgah Project Day 2024 and to the release of my photographic, film, or otherwise recorded image.

I do hereby volunteer to perform the Services at the Project Location of the U.S. Forest Service and agree to follow all applicable safety guidelines.

Signature of Volunteer: _____ Date: _____

The Agency agrees, while this arrangement is in effect, to provide such materials, equipment, and facilities that are available and needed to perform the Services (directly or through The Pisgah Conservancy or other approved partner), 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.

Signature of Government Representative: _____ Date: _____

(Note that registering to volunteer through The Pisgah Conservancy’s website constitutes acceptance of these terms and does not require a hard copy signature. There is no need for those registrants to print and sign this form.)

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 number for this information collection is 0596-0080. The time required to complete this information 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.