

AGREEMENT FOR INDIVIDUAL VOLUNTARY SERVICES

(Act of May 18, 1972, P.L.92-300, as amended)

1. Name (Print Last, First, Middle Initial) Telephone

2. Address (Street, City, State, ZIP Code)

3. Description of work to be performed:

Volunteer Lookout: Miami

- * Performs as a Lookout on Miami Mt.
- * Reports fires and changes or conditions of smoke to Sierra Dispatch
- * Reports Daily Weather Observations
- * Visitor Contact
- * Radio Relay
- * Clean and maintain lookout facility

4. All of the above described work will be noncompensable. Except as otherwise provided, I understand this service will not confer on me the status of a federal employee.

5. I understand that either the Forest Service or I may cancel this agreement at any time by notifying the other party. I hereby volunteer my services as described above to assist the Forest Service in its authorized work.

6. Signature (Volunteer)

7. Date

8. Signature of Parent or Guardian, if under 18 years of age

9. Date

ACCEPTANCE FOR THE FOREST SERVICE

The Forest Service agrees while this agreement is in effect to:

1. Reimburse you for necessary incidental expenses, to the extent funds are available, as follows:

- | | Yes | No | | |
|-----------------------------|-------------------------------------|-------------------------------------|---|----------------|
| a. Subsistence | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Amount if yes: _____ | Remarks: _____ |
| b. Transportation Allowance | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Rate if Yes: _____ | Remarks: _____ |
| c. Provide Lodging | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Remarks: <u>Has option to stay at lookout</u> | _____ |
| d. Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | Remarks: _____ | _____ |

2. Consider you as a federal employee for the purpose of tort claims and compensation for work injuries.

3. Authorize you to operate federal motor vehicles when necessary, provided you are licensed to operate a motor vehicle.

4. Signature

5. Title

6. Unit

7. Date

TERMINATION OF AGREEMENT

1. Agreement Terminated on (Month, Day, Year)

2. Signature (Unit Manager/Staff Officer)

3. Remarks:

ACCOMPLISHMENTS (Optional)

RESOURCE CATEGORY (a)	NIRP CODE (b)	UNITS OF MEASURE (c)	AMOUNT ACCOMP. (d)	HOURS CONTR. (e)	COST TO GOVT. (f)	APPRAISED VALUE (Dollars) (g)