

## VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

1. VOLUNTEER AGREEMENT TYPE (Choose 1) <input type="checkbox"/> Individual OR <input type="checkbox"/> Group		2. NAME OF GROUP (if applicable)	
3. NAME OF VOLUNTEER OR GROUP LEADER COMPLETING FORM (Last, First)		4. U.S. CITIZEN OR PERMANENT RESIDENT <input type="checkbox"/> Yes, I am a U.S. citizen or Permanent Resident <input type="checkbox"/> No, I am not a US Citizen or Permanent Resident (if applicable, list visa type _____)	
5. STREET ADDRESS, APT #	6. CITY	7. STATE	8. ZIP CODE
9. DATE OF BIRTH	10. PHONE	11. EMAIL ADDRESS	

**12. DEMOGRAPHIC INFORMATION (Optional):** Please indicate 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.

12a. <b>Ethnicity</b> (Select one): <input type="checkbox"/> Hispanic, Latino, or Spanish Origin <input type="checkbox"/> Not Hispanic, Latino, or Spanish Origin	12b. <b>Race</b> (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	12c. Are you a Military Veteran or Active Duty Military? <input type="checkbox"/> Yes <input type="checkbox"/> No 12d. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**EMERGENCY CONTACT INFORMATION**

13. NAME (Last, First)	14. PHONE	15. EMAIL ADDRESS	
16. STREET ADDRESS, APT #	17. CITY	18. STATE	19. ZIP CODE

**GOVERNMENT OFFICIAL COMPLETES THIS SECTION**

20. NAME OF AGENCY/ BUREAU	21. AGREEMENT #
22. AGENCY CONTACT NAME (Last, First)	23. AGENCY CONTACT EMAIL & PHONE
24. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input type="checkbox"/> No Type and Rate of Reimbursement:	25. VOLUNTEER POSITION/GROUP PROJECT TITLE:

26. **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.

**VOLUNTEER/SERVICE ACTIVITY ABSTRACT**

“FeederWatch” bird identification and enumeration program is conducted in concert with the The CornellLab of Ornithology. This program is conducted entirely on-line, therefore it’s a great opportunity to become an Indiana Dunes National Park “Volunteer in the Park” virtual volunteer. From the comfort & privacy of your own home, you will view images recorded on our digital capture system, identify the bird(s) in the images and record the information in the Cornell on-line database. Access to a computer and the Internet is therefore required. Prior experience is NOT required and we will train you on accessing the systems and recording the information. We report from November to April (the FeederWatch season) on 2 consecutive days a week, but the images are digitally stored, so you can contribute on a schedule of your own choosing!

27. **Check all that apply:**  Description of service attached  OF-301b Volunteer Sign-up Form for Groups attached  Risk Assessment attached  
 Valid Driver’s License required  Background Investigation required  
 Medical Clearance Required  Other:

