

VOLUNTEER IN-PROCESSING AND PAPERWORK

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HQUSACE
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US Army Corps
of Engineers®



OF 301: Volunteer Application (Approved by OMB for all agency use)

- Designed to gather pertinent information on a potential volunteer's background and areas of interest and skills.
- It can be used to screen applicants, to develop a file of potential volunteers or to refer volunteers to other projects or agencies.
- *It is not required for potential volunteers to fill out a OF 301*



VOLUNTEER SERVICE APPLICATION—NATURAL & CULTURAL RESOURCES			
This optional application helps federal land and water management agencies identify interested and qualified candidates for available volunteer positions. Applications are submitted and processed locally for each position. If a volunteer commits to a specific volunteer activity, they are required to complete an OF-301a Volunteer Service Agreement. Mark X in the appropriate boxes and print or type all responses.			
1. Name (Last, First)	2. Date of Birth / /	3. Telephone Number () -	4. Email Address
5. Street Address, Apt. #	6. City	7. State	8. ZIP code
9. Which general categories are you most interested in volunteering? Check all that apply.			
<input type="checkbox"/> Archaeology	<input type="checkbox"/> GIS/GPS	<input type="checkbox"/> Research/Librarian	
<input type="checkbox"/> Botany	<input type="checkbox"/> Fish/Wildlife	<input type="checkbox"/> Soil/Watershed	
<input type="checkbox"/> Campground/Site host	<input type="checkbox"/> Historical/Preservation	<input type="checkbox"/> Timber/Fire prevention	
<input type="checkbox"/> Campground maintenance	<input type="checkbox"/> Pest/Disease control	<input type="checkbox"/> Trail maintenance	
<input type="checkbox"/> Construction maintenance	<input type="checkbox"/> Minerals/Geology	<input type="checkbox"/> Tour guide/Interpretation	
<input type="checkbox"/> Computers	<input type="checkbox"/> Natural resources planning	<input type="checkbox"/> Visitor information	
<input type="checkbox"/> Conservation education	<input type="checkbox"/> Office/Clerical	<input type="checkbox"/> Other (Please specify)	
	<input type="checkbox"/> Range/Livestock		
10. What qualifications, skills, or experiences do you have that you would like to use as a volunteer? Check all that apply.			
<input type="checkbox"/> Backpacking/Camping	<input type="checkbox"/> Hand/Power tools	<input type="checkbox"/> Public speaking	
<input type="checkbox"/> Biology	<input type="checkbox"/> Heavy equipment operation	<input type="checkbox"/> Research/Librarian	
<input type="checkbox"/> Boat operation	<input type="checkbox"/> Horses – care/riding	<input type="checkbox"/> Sign language	
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Landscaping/Reforestation	<input type="checkbox"/> Supervision	
<input type="checkbox"/> Clerical/Office machines	<input type="checkbox"/> Land surveying	<input type="checkbox"/> Other trade skills (Please specify)	
<input type="checkbox"/> Computer programming	<input type="checkbox"/> Livestock/Ranching	<input type="checkbox"/> Teaching	
<input type="checkbox"/> Drafting/Graphics	<input type="checkbox"/> Map reading or GIS/GPS	<input type="checkbox"/> Working with people	
<input type="checkbox"/> Driver's license	<input type="checkbox"/> Mountaineering	<input type="checkbox"/> Writing/Editing	
<input type="checkbox"/> First aid certificate	<input type="checkbox"/> Photography	<input type="checkbox"/> Other (Please specify)	
11. What languages are you proficient in? Check all that apply.			
<input type="checkbox"/> Arabic	<input type="checkbox"/> German	<input type="checkbox"/> Lahanda/ Punjabi	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Hindi	<input type="checkbox"/> Portuguese	
<input type="checkbox"/> English	<input type="checkbox"/> Japanese	<input type="checkbox"/> Russian	
<input type="checkbox"/> French	<input type="checkbox"/> Korean	<input type="checkbox"/> Spanish	
		<input type="checkbox"/> Other (Please specify)	
12. If you have a specific volunteer interest, please identify and describe your qualifications, skills, experiences, or education that may apply.			
13. Are you a United States Citizen or Permanent Resident? Yes, I am a U.S. citizen or Permanent Resident <input type="checkbox"/> No, I am not a US Citizen or Permanent Resident <input type="checkbox"/> (if applicable, list visa type _____)			
14. a. Have you volunteered before? <input type="checkbox"/> Yes <input type="checkbox"/> No b. If yes, please list the organization where you volunteered with a contact name and phone # or email address, and briefly describe what you did.			
15. Would you like to supervise other volunteers? <input type="checkbox"/> Yes <input type="checkbox"/> No			



OF 301a: Volunteer Agreement (Approved by OMB for all agency use)

Volunteers must sign an OF 301a, which documents acknowledgement of their understanding of the scope of benefits and protections afforded to them as volunteers.



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. Ethnicity (Select one): <input type="checkbox"/> Hispanic, Latino, or Spanish Origin <input type="checkbox"/> Not Hispanic, Latino, or Spanish Origin	12b. Race (Select one or more, regardless of ethnicity): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <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	
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			
27. Check all that apply: <input type="checkbox"/> Description of service attached <input type="checkbox"/> OF-301b Volunteer Sign-up Form for Groups attached <input type="checkbox"/> Risk Assessment attached <input type="checkbox"/> Valid Driver's License required <input type="checkbox"/> Background Investigation required <input type="checkbox"/> Medical Clearance Required <input type="checkbox"/> Other:			



OF 301a



- Official document that legally enrolls an individual in the program and provides federal protection in case of injury or tort claim.
- Must be completed and signed prior to start of work by both the volunteer or organized group representative and the accepting official for all volunteers, even for work projects of only a few hours duration.
- A complete, detailed description of the duties, conditions, and responsibilities and JHA/PHA or AHA must also be attached. This is important in case questions arise on whether the volunteer was acting within the scope of his/her assigned responsibilities. Examples on the Gateway.
- Can be modified at any time by mutual consent, but it must accurately reflect the duties of the volunteers at all times.
- Acceptance/termination line at the bottom of the form provides the accepting official with a means of officially terminating an agreement, if appropriate, and it provides a legal record of when an agreement was terminated in case of a lawsuit or injury claim.



OF 301a



- Remains in effect until terminated but should be reviewed periodically and amended or rewritten for accuracy as projects, requirements, reimbursements, and other elements of a volunteer's service may change.
- A copy of the agreement, along with any revisions or amendments, should be given to the volunteer for their records.
- The original and amendments should be retained by the accepting official for a three-year period following termination in a secured file cabinet or electronically secured folder. These files for inactive volunteers are retained to protect against possible lawsuits or injury claims. After the three-year period, the former volunteer's agreement must be destroyed/shredded.
- Volunteers who are members of a nonprofit organization serving under a Cooperating Association Agreement that requires the association to provide liability coverage for their volunteers will not sign an OF 301a.



OF 301b: Volunteer Group Agreement (for adult groups)

If the volunteers are part of a group, the “group leader” should sign the OF 301a and individual volunteers over the age of 18 should complete the OF 301b. Individual volunteers under the age of 18 must have their parent or legal guardian complete the OF 301a.

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 with a federal land and water management agency must be signed up on this form (unless otherwise signed up under an individual Volunteer Service Agreement, OF-301a). Volunteers under age 18 may not use this form, and must complete an individual Volunteer Service Agreement (OF 301a). This form must accompany a group Volunteer Service Agreement (OF-301a), completed by the group leader. Group leaders are responsible for ensuring every individual signed up on this form understand the duties to be performed and the terms of the project.

PROJECT TITLE:					I understand the health and physical condition requirements for this position, and I know of no medical condition or physical limitation that may adversely affect my ability to provide this service.	I consent to being photographed, and to the release of my photographic image.
GROUP NAME:		AGENCY:				
GROUP LEADER (Last, First):		AGREEMENT # (OF-301A box 21):				
VOLUNTEER NAME (Last, First)	VOLUNTEER E-MAIL ADDRESS	VOLUNTEER TELEPHONE NUMBER	MONTH & YEAR OF BIRTH	VOLUNTEER SIGNATURE	Yes <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>



DD Form 3150

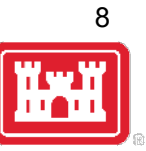
Contractor Personnel and Visitor Certification for Vaccination

- Volunteers whose service requires physical presence in USACE buildings or government vehicles are considered “official visitors”
- They must either complete the DD 3150 or show negative test results every 72 hours during their service.
- The DD 3150 must be carried by the volunteer at all times and shown to a USACE employee upon request.
- USACE does not collect/retain the DD 3150 forms.
- It is permissible to retain a list of volunteers whose DD 3150 has been confirmed so they will not need to be asked multiple times to show their form

CUI (when filled in)	
CONTRACTOR PERSONNEL AND VISITOR CERTIFICATION OF VACCINATION	
OMB No. 0704-0613 Expiration: 20220228	
AGENCY DISCLOSURE NOTICE	
The public reporting burden for this collection of information is estimated to average 2 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.	
PRIVACY ACT STATEMENT	
Authority: DoD is authorized to collect the information on this form pursuant to Executive Order (E.O.) 14042, Ensuring Adequate COVID Safety Protocols for Federal Contractors; E.O. 13991, Protecting the Federal Workforce and Requiring Mask-Wearing; and E.O. 12196, Occupational Safety and Health Program for Federal Employees; as well as 10 U.S.C. 113, 10 U.S.C. 136, 10 U.S.C. 7013, 10 U.S.C. 8013, 10 U.S.C. 9013, 10 U.S.C. 2672, 5 U.S.C. chapter 79, and DoD Instruction 6200.03.	
Principal Purpose: This information is being collected to implement Coronavirus Disease 2019 (COVID-19) workplace safety plans, including DoD's COVID-19 testing programs, and to ensure the safety and protection of the DoD workforce, workplace, and other DoD facilities and environments, consistent with the above-referenced authorities, the COVID-19 Workplace Safety: Agency Model Safety Principles established by the Safer Federal Workforce Task Force, and guidance from the Centers for Disease Control and Prevention and the Occupational Safety and Health Administration.	
Routine Use(s): While the information requested on this form is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this information externally, for example to disclose information to: a person, organization, or governmental entity as necessary and relevant to notify them of, respond to, or guard against a public health emergency or other similar crisis, including to comply with laws governing the reporting of communicable disease or other laws concerning health and safety in the work environment; adjudicative or administrative bodies or officials when the records are relevant and necessary to an adjudicative or administrative proceeding; contractors, grantees, experts, consultants, students, and others as necessary to perform their duties for the Federal government; agencies, courts, and persons as necessary and relevant in the course of litigation, and as necessary and in accordance with requirements for law enforcement; or to a person authorized to act on your behalf. A complete list of routine uses may be found in the applicable System of Records Notice (SORN) associated with the collection of this information from contractor personnel and DoD visitors: DPR 39 DoD, DoD Personnel Accountability and Assessment System of Records, 85 Fed. Reg. 17047 (Mar. 26, 2020) (also available at https://dpcid.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DPR-39-DoD.pdf).	
Consequences of Failure to Provide Information: Providing this information is voluntary. However, if you fail to provide this information, you will be treated as not fully vaccinated for purposes of implementing safety measures, including subject to COVID-19 screening testing and/or denied access to DoD facilities. Failure to provide such information may also hinder DoD's ability to implement COVID-19 workplace safety plans, thereby increasing the health or safety risk to DoD-affiliated personnel and DoD facilities.	
INSTRUCTIONS: This form should be completed by DoD contractor personnel and official visitors in accordance with current DoD Force Health Protection Guidance. DoD civilian employees should not complete this form.	
1. NAME (Last, First, MI):	2. DoD ID NUMBER:
3. PLEASE CHECK THE BOX BELOW THAT COINCIDES WITH YOUR COVID-19 VACCINATION STATUS :	
<input type="checkbox"/> I am fully vaccinated. Individuals are considered "fully vaccinated" two weeks after completing the second dose of a two-dose COVID-19 vaccine or two weeks after receiving a single dose of a one-dose vaccine. Accepted COVID-19 vaccines are those which have received a license or emergency use authorization from the U.S. Food and Drug Administration and those COVID-19 vaccines on the World Health Organization Emergency Use Listing. "Fully vaccinated" also includes circumstances in which the individual was a participant in a U.S. site clinical trial and has received all recommended doses.	
<input type="checkbox"/> I am not yet fully vaccinated. I received only one dose of an accepted two-dose COVID-19 vaccine, or I received my final dose of an accepted COVID-19 vaccine less than two weeks ago.	
<input type="checkbox"/> I have not been vaccinated.	
<input type="checkbox"/> I decline to respond.	
Individuals who choose not to complete the form will be assumed to be not fully vaccinated for purposes of application of the safety protocols. If you are not vaccinated due to medical or religious reasons, please check either "I have not been vaccinated" or "I decline to respond." Note that if you have already received one dose of a vaccine, but are not yet fully vaccinated, or if you received your final dose less than two weeks ago, then you will be treated as not fully vaccinated until you are at least two weeks past your final dose and resubmit your vaccination information.	
<input type="checkbox"/> I certify that the information provided in this form is accurate and true to the best of my knowledge.	
I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). Checking "I decline to respond" does not constitute a false statement.	
4. DATE (YYYYMMDD)	5. SIGNATURE (Full Name)



COVID-19 Testing for Unvaccinated Volunteers



- Volunteers who remain unvaccinated or refuse to complete a DD 3150 must meet testing requirements to serve in USACE buildings or vehicles.
- USACE has the discretion but is not required to pay for or manage volunteer COVID testing. Authority to establish testing programs has been delegated to District Commanders. Check with your District/MSC for guidance.
- FDA-authorized or approved COVID-19 tests include those done at testing facilities or self-tests that have Instructions for Use and FDA approval, 510(K) premarket clearance or have an FDA Emergency Use Authorization. Army approved self-test kits from Appendix 1 to Annex Y to OPOD 2021-38 (General Instructions for Conducting Screening Tests) for contractors and employees include:
 - QuickVue SOP
 - Orasure IntelliSwab Rapid Test
 - Abbot BinaxNOW Antigen Self Test
- Test results for volunteers below the age of 18 must be provided by a parent / guardian.



Job/Position or Activity Hazard Analysis



- Safety is a top priority in the volunteer program. The same safety training and briefings provided to Corps personnel will also be provided to volunteers. This should include water safety training.
- Job Hazard Analysis (JHA) or Position Hazard Analysis (PHA) must be completed and signed by the Corps volunteer coordinator/supervisor and the volunteer and saved with the OF 301a form.
- Activity Hazard Analysis (AHA) may also be completed for specific one-time tasks/events, or to supplement the JHA
- Examples can be found on the Gateway, but each should be reviewed and revised as necessary to cover what is needed for each specific job, location, and task such as:
 - Backhoe Operation
 - Boat Operation
 - Chainsaw Use / Removing Dangerous Trees
 - Cleaning
 - Electrical Work (General)
 - Ladder Usage
 - Lifting - Tools, Equipment, Materials, Various Objects
 - Loading / Unloading Equipment On/Off Trailer
 - Painting
 - Park Host
 - Riding Mower Operation
 - Shoreline Cleanup
 - Shop Tools / Machinery - Operation
 - Towing a Boat Trailer
 - Trail Work
 - Vehicle Operation



Job Hazard Analyses/Activity Hazard Analyses



Volunteer Park Host Job Hazard Analysis

Area _____

Volunteer _____

This Job Hazard Analysis will serve as a reminder that **at no time in the performance of your duties are you to put yourself at risk.** There should be no hesitation when a choice is presented that could lead to your being in danger, you should always take the safe way. If you feel that a confrontation could lead to a dangerous situation, then get away from the situation. If you have a strange intuition that danger could be imminent, then trust your instinct and avoid that situation or location.

Pages two and three describe job hazards that you may encounter during your time on duty. If you injure yourself while on duty please note the time, place, and cause of injury and notify a ranger so that an incident report may be completed. For injuries that require immediate medical attention please contact a ranger as soon as possible so that he/she may meet you at the hospital or doctor's office where you are being attended.

*Vehicles shall be operated in accordance with applicable Federal, state and local laws. Volunteers are required to wear approved safety helmets while operating bikes, motor powered bikes, or motorbikes, within Corps of Engineers operated areas.

I have reviewed the Job Hazard Analysis and accept its terms and conditions.

Volunteer Signature _____

Date _____

ACTIVITY HAZARD ANALYSIS

ACTIVITY: Entering excavations or trenches

ANALYZED BY/DATE: Bill Clevenger
13 April 2002

REVIEWED BY/DATE:

PRINCIPAL STEPS	POTENTIAL SAFETY/HEALTH HAZARDS	RECOMMENDED CONTROLS
<i>Ensure work area is safe</i>	<i>Injuries to head or feet, falls</i>	<i>Wear hardhat, safety-toed shoes and safety glasses. Use ladders for access or exit of excavations</i>
<i>Entering excavations/trenches</i>	<i>Slide slope failure. Shoring collapse</i>	<i>Excavation/trench sides should be sloped according to the OSHA Regulations concerning side slopes for excavations/trenches. Do not enter an excavation/trench unless you feel it is safe. all unsecured objects should be moved away from the edge of the excavation/trench. Assure that slopes are according to regulation or approved shoring and ladders are used. Reference EM385-1-1, Section 23.</i>
<i>Briefly inspect excavation/trench side slopes or shoring</i>	<i>Objects falling into excavation/trench</i>	<i>All materials should be moved at least two feet from the edge of the excavation</i>
<i>Exit excavation/trench</i>	<i>Falling off ladder</i>	<i>See JHA for "Using Ladders". Do not use a backhoe bucket to enter/exit an excavation/trench</i>



CECO-I

MEMORANDUM FOR COMMANDERS, MAJOR SUBORDINATE COMMANDS AND DISTRICT COMMANDS, CHIEFS, SECURITY AND LAW ENFORCEMENT, CHIEFS, OPERATIONS DIVISIONS

SUBJECT: Volunteer Program Background Investigation Procedures

1. References.

a. Water Resources and Reform Development Act of 2014, Section 1047(d), Public Law 113-121.

b. Public Law 98-63, Section 101 (33 U.S.C. § 569c), Chapter IV of Title I, Services of Volunteers, 1983.

c. Homeland Security Presidential Directive 12, Policy for a Common Identification Standard for Federal Employees and Contractors.

d. Army Directive 2014-23, Conduct of Screening and Background Checks for Individuals Who Have Regular Contact with Children in Army Programs.

2. Purpose. The purpose of this memorandum is to clarify guidance and procedures in the "Implementation Guidance for Section 1047(d) Services of Volunteers, of the Water Resources and Reform Development Act of 2014, Public Law 113-121" for volunteer background investigations.

3. The following clarifications are provided to meet the most current security standards for processing background investigations and to provide consistency in procedures across all Major Subordinate Commands of the U.S. Army Corps of Engineers (USACE). These procedural updates are effective immediately and will also be incorporated in the appropriate Engineering Regulation and Engineering Pamphlet when they are revised:

a. Persons who have ever been convicted of a violent crime, sexual crime, arson, crime with a weapon, sale or intent to distribute illegal drugs, or are an organized crime figure will not be utilized as volunteers, regardless of when the crime took place.

b. With the exception of the crimes listed in 3.a. above, the existence of a criminal conviction does not automatically disqualify an applicant from being a volunteer. Volunteers with criminal convictions not listed in 3.a. may be considered for service at



Volunteer Background Investigations Procedures

Volunteer coordinators will practice due diligence in screening volunteer candidates to assure the safety and security of USACE employees, contractors, and the public.

- Memo from HQUSACE Chief Security Branch sent 09 March 2020 to clarify background investigation guidance and procedures established in the Aug 12 2016 Implementation Guidance for Section 1047(d) Services of Volunteers, of WRRDA 2014



What Changed from WRRDA 2014 Guidance?

- Added clarification on timeframe for consideration if potential volunteer has committed a crime in the restricted list (violent crime, sexual crime, arson, crime with a weapon, sale or intent to distribute illegal drugs, or are an organized crime figure) => People who have been convicted of any of these will not be utilized as volunteers, **regardless of when the crime took place.**
- Added clarification on potential volunteers with criminal convictions that do not fall in one of the above categories => **May be considered** for service at the discretion of the District Volunteer Coordinator and the District Security Office by joint decision.
- Added clarification for volunteers with military CAC, transferring from another Department or agency who possess a VOLAC or Personal Identity Verification (PIV) Credential, or have undergone the required Tier 1 (NACI) or higher background investigation at their current or former agency => **Do not need a new background investigation** unless there has been a 2-year break in service.



What Changed from WRRDA 2014 Guidance?

- Background investigations for volunteer positions that involve regular contact with children under 18 years of age without a parent or guardian present, or where the volunteer does not work under constant line of sight supervision (LOSS) by USACE personnel who have been screened in accordance with Army Directive 2014-23, **require re-verification every 3 years.**
- All other **background investigations will be effective indefinitely** (no expiration date), unless there is a 2-year break in service or if the command learns of any adverse information about the individual that was not previously adjudicated in a background investigation.
- Specified procedures for three levels of volunteers and developed a Decision Matrix to assist in determining what level of background investigation is necessary
- Changed wording for Tier 1 Investigation requirement from ‘volunteering more than 180 days in a year’ to ‘6 months consecutively, regardless of number of hours served each day’
- Changed wording about wearing the volunteer uniform to focus more on unescorted access into government facilities and buildings.



Volunteer Background Investigation Procedures and Requirements Decision Matrix

	Volunteer Type	Level of Background Investigation (BI) Required	Security Office Involvement/ Processes BI	Background Investigation Expiration	Notes
Level 1	One-time event	None required, but may choose to use local contractor at project level or District Security Office to run FBI fingerprints	No (Unless running an FBI fingerprint check)	N/A	
	Only work under LOSS by USACE personnel with infrequent contact with minors				
	Less than 6 consecutive months and do not meet any of the scenarios below				
Level 2	Work independently of USACE personnel with unescorted access into controlled space/non-public areas	Special Agreement Check (SAC) FBI fingerprint check	Yes	SAC valid for lifetime as long as there is not a 2-year break in service.	Fingerprints may be done at military base, District Office, law enforcement office, etc.
	Require access to government files/records				
	Collection/handling of fees				
Level 3	Adults volunteering more than 6 consecutive months.	Tier 1: FBI fingerprints, SF 85, and OF 306 using PSIP and EQIP	Yes	BI valid for lifetime as long as there is not a 2-year break in service.	Volunteer may begin their service once their SAC results (FBI fingerprint check), SF85 and OF 306 forms have been favorably reviewed by the District Security Office for no adverse information, and the SF 85 and OF 306 forms have been submitted to OPM through the PSIP to process the full investigation.
	Involving regular contact with children under 18 years without a parent or guardian present and without constant LOSS by USACE personnel			BI valid for 3 years	
	Requiring USACE networked computer access/VOLAC card			BI valid for lifetime as long as there is not a 2-year break in service. VOLAC valid for 5 years.	



Fingerprinting

- Level 2 and 3 volunteers require background investigation processing through District Security Office. Locations that have previously used outside contractors/vendors to run background investigations will need to coordinate with their Security Office.
- Fingerprinting may be conducted at military bases, District or Division Offices, Project offices, military recruiting centers, universities, other Federal agencies, or law enforcement offices.
 - HQ Security Office may have funding to provide to locations that need to purchase fingerprinting machines (~\$3k each) and can provide training. Any USACE employee can take volunteer fingerprints and submit them through the web-based system to their District Security Office.
 - A Special Agreement Check (SAC)/FBI fingerprint check is the terminology used for the standard fingerprinting process.
 - Digital fingerprints are the preferred collection method. In locations where digital collection is not available, fingerprints may be obtained on the SF 87 or FD 285 fingerprint card and submitted to the District Security Office for transmission to the Personal Security Investigation Center of Excellence- (PSI-CoE). All fingerprint cards require a valid Security Officer Identifier, Submitting Office Number, and an Agency Location Code to be processed.



Acceptable Fingerprint Cards



FD-258

Contractor Fingerprint Card - Numbered Fields are Required and Must be Fully Completed in Accordance With The Instructions.

APPLICANT
* See Privacy Act Notice on Back
FD-258 (Rev. 5-15-17) 1110-0046

1. TYPE OR PRINT ALL INFORMATION IN BLACK
LAST NAME NAM FIRST NAME _____ MIDDLE NAME _____

2. SIGNATURE OF PERSON FINGERPRINTED _____

3. SIGNATURE OF OFFICIAL TAKING FINGERPRINTS _____

4. SOCIAL SECURITY NO. SOC

5. SEX CITZ 6. RACE _____ 7. HGT. _____ 8. WGT. _____ 9. EYES _____ 10. HAIR _____ 11. PLACE OF BIRTH POB

ALIASES AKA _____

RESIDENCE OF PERSON FINGERPRINTED _____

EMPLOYER AND ADDRESS _____

REASON FINGERPRINTED _____

CLASS _____

REF. _____

VOID

SF 87 (REV. OCTOBER 2019)
US DEPT OF DEFENSE
E.O. 13869

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK
LAST NAME NAM FIRST NAME _____ MIDDLE NAME _____

FBI LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED _____ SERIAL NO. (DOD USE ONLY) OCA

RESIDENCE OF PERSON FINGERPRINTED _____

ALIASES AKA _____

DATE _____ SIGNATURE OF OFFICIAL TAKING FINGERPRINTS _____

TITLE AND ADDRESS _____ SCARS, MARKS, AND TATTOOS _____

POSITION TO WHICH APPOINTED _____ FBI NO. FBI

DEPARTMENT, BUREAU, AND DUTY STATION (CITY AND STATE) _____ SOCIAL SECURITY NO. SOC

RACE (SELECT ONE OR MORE)
 AMERICAN INDIAN OR ALASKA NATIVE
 ASIAN
 BLACK OR AFRICAN AMERICAN
 HISPANIC OR LATINO
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 WHITE

CLASS _____

REF. _____

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE



Fingerprinting Locations

MSC	District	Name of Location of Fingerprint Machine	Street Address	City	State	Zip	POC name	POC phone	POC email	Appointment Required		Fee Charged		Digital	Paper Only	USACE/Military
										Y/N	Y/N	Y/N	Y/N			
NWD	NWK	Jefferson County Sheriff - Perry Lake	1360 Walnut St.	Oskaloosa	KS	66066		785-863-2351			N	Y	\$15	X		
NWD	NWK	Marion County Sheriff - Marion Lake	202 S. 4th St.	Marion	KS	66861		620-382-2144			Y	N	N	X		
NWD	NWK	Miami County Sheriff - Hillsdale Lake	209 S. Pearl St.	Paola	KS	66071		913-294-4444			N	Y	\$20	X		
NWD	NWK	Cherryvale Police Department - Big Hill & E	123 W. Main St.	Cherryvale	KS	67335		620-336-2400			Y	Y	N	X		
NWD	NWK	Morris County Sheriff - Council Grove Lake	501 W. Main St.	Council Grove	KS	66846		620-767-6310			Y			X		
NWD	NWK	Osage County Sheriff - Pomona & Melvern	702 Ash	Lyndon	KS	66451		785-828-4991			Y	Y	\$10	X		
NWD	NWK	Pottawatomie County Sheriff - Tuttle Creek	108 N. 1st St.	Westmoreland	KS	66426		785-457-3481			N	Y	\$10	X		
NWD	NWK	Russell County Sheriff - Wilson Lake	204 E. 4th	Russell	KS	67665		785-483-2151			N	Y	\$10	X		
NWD	NWO	NWO District Security Office	1616 Capitol Ave-Room 668	Omaha	NE	68102	Christina Luna	402-995-2828	Christina.Luna@usace.army.mil				X		X	
NWD	NWO	Big Bend Project/Lake Sharpe	33573 North Shore RD	Fort Thompson	SD	57339	Delane Albers	605-245-1800	delane.l.albers@usace.army.mil				X		X	
NWD	NWO	Gavins Point Project/Lewis & Clark Lake	55245 Hwy 121	Crofton	NE	68730	Brian Ahrens	402-667-2555	brian.c.ahrens@usace.army.mil				X		X	
NWD	NWO	Oahe Project/Lake Oahe	28563 Powerhouse Rd	Pierre	SD	57501	Shannon Lodge	605-945-3402	shannon.m.lodge@usace.army.mil				X		X	
NWD	NWO	Bismarck Army Reserve Office	3319 University Dr	Bismarck	ND	58504	Brian Beuten	701-223-5455					X		X	
NWD	NWP	NWP District Security Office	333 SW 1st Ave	Portland	OR	97204	Nick Racine	503-808-4325	nicholas.m.racine@usace.army.mil				X		X	
NWD	NWP	Lane County Sheriff's Office	125 E 8th Ave	Eugene	OR	97401	Nick Klynne	503-808-4442	Nicholas.M.Klynn@usace.army.mil					X		
NWD	NWW	Clearwater County Sheriff's Office	150 Michigan Ave	Orofino	ID	83544		208-476-4521			Y	\$3.00	X			
NWD	NWW	NWW District Office	201 N. 3rd Ave	Walla Walla	WA	99362	James Frank	509-527-7138	james.d.frank@usace.army.mil				X		X	
NWD	NWW	Idaho State Police	700 S. Stratford Dr	Meridian	ID	83642	Eileen Allen	208-884-7159	eileen.allen@isp.idaho.gov							

- Consolidated national list on NRM Gateway
- Searchable list of DOJ/FBI-Certified private, state, local providers of electronic fingerprint services: <https://www.certifxlivescan.com/>

CERTIFIX LIVESCAN

HOW IT WORKS | MOBILE SERVICES | CORPORATE BILLING | LIVE SCAN SYSTEM | [GET FINGERPRINTED](#)

Social Distancing Live Scan Service

Fast and secure. Find a location near you.

City or Zip Code Use my current location Or Browse by state



**QUESTIONNAIRE FOR
 NON-SENSITIVE POSITIONS**



**Standard Form 85:
 Questionnaire for
 Non-Sensitive
 Positions (for Tier 1
 investigations)**

OPM USE ONLY	Codes	Case Number
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Agency Use Only (Complete items A through K using instructions provided by USOPM)

A Type of Investigation	B Extra Coverage	C Nature of Action Code	D Date of Action	Month	Day	Year
E Geographic Location	F Position Title		G SON	H SOI		
I IPAC	J Accounting Data and/or Agency Case Number					
K Requesting Official	Name and Title	Signature	Telephone Number	Date		

Persons completing this form should begin with the questions below.

1 FULL NAME • If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN".	- If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.	2 DATE OF BIRTH
Last Name	First Name	Middle Name
	Jr., II, etc.	Month Day Year

3 PLACE OF BIRTH - Use the two letter code for the State.	4 SOCIAL SECURITY
City	County
State	Country (if not in the United States)

5 OTHER NAMES USED Give other names you used and the period of time you used them (for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s)). If the other name is your maiden name, put "nee" in front of it.			
Name	Month/Year	Month/Year	Name
#1	To		#3
Name	Month/Year	Month/Year	Name
#2	To		#4

6 SEX (Mark one box)	Female <input type="checkbox"/>	Male <input type="checkbox"/>
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7 CITIZENSHIP	I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. (Answer items b and d)	b Your Mother's Maiden Name
a Mark the box at the right that reflects your current citizenship status, and follow its instructions.	I am a U.S. citizen, but I was NOT born in the U.S. (Answer items b, c and d)	
	I am not a U.S. citizen. (Answer items b and e)	



OPM 306: Declaration for Federal Employment (for Tier 1 investigations)

Declaration for Federal Employment*

Form Approved: OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

◆

2. **SOCIAL SECURITY NUMBER**

◆

3a. **PLACE OF BIRTH** (Include city and state or country)

◆

3b. **ARE YOU A U.S. CITIZEN?**

YES NO (If "NO", provide country of citizenship) ◆

4. **DATE OF BIRTH** (MM / DD / YYYY)

◆

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc)

◆

◆

6. **PHONE NUMBERS** (Include area codes)

Day ◆

Night ◆

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959? YES NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System? YES (If "YES", proceed to 8.) NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

Military Service

8. Have you ever served in the United States military? YES (If "YES", provide information below) NO

If you answered "YES," list the branch, dates, and type of discharge for all active duty.

If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge

Background Information



Tier I Procedures: E-QUIP Steps for Volunteers



- 1st e-mail: Investigation request acknowledgement, ticket number and checklist
- 2nd e-mail: Applicant action requirement and investigation application instructions
- 3rd e-mail: Informational, security clearance processing and acceptance of application.
- The e-QUIP e-mails provide the volunteer with detailed instructions on how to complete an electronic security questionnaire. Once the volunteer has submitted the questionnaire, he/she will receive an email from e-QUIP indicating that the questionnaire has been accepted or that the volunteer needs to make the identified corrections, re-answer a series of questions, and resubmit a new questionnaire.
- Remind volunteers to take the time to ensure the electronic questionnaire is completed in accordance with provided instructions. The need to resubmit a questionnaire due to errors or incompleteness will significantly delay this step in the process.
- Volunteer Coordinator will be notified if the volunteer has passed or failed.



Computer Access For Volunteers

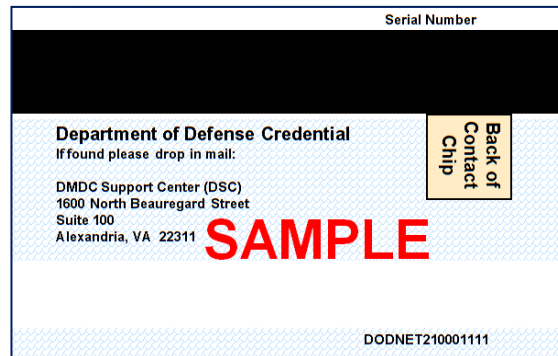
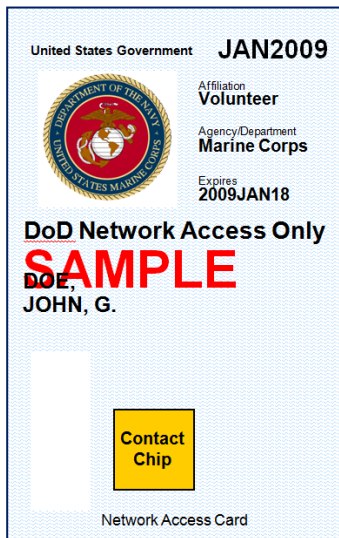


- Volunteers requiring government computer access connected to Department of Defense (DOD) networks must be issued a Volunteer Logical Access Credential (VOLAC) card.



- There is no cost for the VOLAC card, but there may be a cost associated with obtaining the required fingerprints during the background check process.

- Volunteers who only use stand alone government computers that are not connected to a DoD network do not require a VOLAC





VOLAC Procedures

District offices may establish a Trusted Associate Sponsorship System (TASS) VOLAC program by completing the following steps:

- Submit a request to one of the 10 Trusted Agent Security Managers (TASMs) to appoint/register Trusted Agents (TA) as needed within the District. The TAs will need to complete three online training courses to become certified (Approx. 4 hours) and pass annual TASS Certification Training.

OR

- Contact any existing TA to request a VOLAC card for a volunteer. *(TAs can sponsor VOLAC applications for any area. There is no requirement or need for TAs who sponsor VOLAC applications to personally know or be geographically located with the personnel they sponsor.)*



VOLAC Procedures

The following procedures must be followed to issue VOLAC cards to eligible volunteers:

- Volunteer must receive a favorable Tier 1 background investigation. Volunteer background investigations are valid for a lifetime as long as there is not a 2-year break in service.
- The project volunteer coordinator (sponsor) will submit a request with a DD Form 1172 to a Trusted Agent (TA) to set up an account for the volunteer in TASS for a VOLAC card.
- The TA will review the request and create a volunteer record in TASS. The volunteer coordinator/volunteer will receive an email with a link, login and password for the volunteer.
- Volunteer must login to their account in TASS within 7 days.
- The volunteer coordinator/volunteer will complete the application questionnaire and return it to the TA for verification and approval in TASS within 30 days.
- The volunteer will be notified to report to the servicing DEERS/RAPIDS ID Card issuance facility within 90 days for VOLAC issuance.
- VOLAC cards expire after 5 years but may be renewed. The TA must verify the VOLAC every 180 days in TASS.
- VOLAC card must be returned to a RAPIDS ID Card issuance facility for disposition, and access revoked in the TASS system when the volunteer completes their service.



DD 1172-2: Application for Identification Card/ DEERS Enrollment (for VOLAC cards)

APPLICATION FOR IDENTIFICATION CARD/DEERS ENROLLMENT					OMB No. 0704-0415 OMB approval expires 20230430	
SECTION I - SPONSOR/EMPLOYEE INFORMATION						
1. NAME (Last, First, Middle)			2. GENDER	3. SSN OR DoD ID NO.	4. STATUS	5. ORGANIZATION
6. PAY GRADE	7. GEN. CAT	8. CITIZENSHIP		9. DATE OF BIRTH (YYYYMMDD)		10. PLACE OF BIRTH
11. CURRENT HOME ADDRESS			12. CITY	13. STATE	14. ZIP CODE	15. COUNTRY
16. PRIMARY EMAIL ADDRESS <input type="checkbox"/> Permission to use for benefits notifications		17. TELEPHONE NUMBER (Include Area Code/DSN)		18. CITY OF DUTY LOCATION	19. STATE OF DUTY LOCATION	20. COUNTRY OF DUTY LOCATION
SECTION II - SPONSOR/EMPLOYEE DECLARATION AND REMARKS						
21. REMARKS (Cite legal documentation, as applicable.)					NOTARY SIGNATURE AND SEAL	
I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge. (If not signed in the presence of the authorizing/verifying official, the signature must be notarized.)						
22. SPONSOR/EMPLOYEE SIGNATURE					23. DATE SIGNED (YYYYMMDD)	
SECTION III - AUTHORIZED BY						
24. SPONSORING OFFICE NAME					25. CONTRACT NUMBER	
26. SPONSORING OFFICE ADDRESS (Street, City, State, ZIP Code)			27. SPONSORING OFFICE TELEPHONE NUMBER (Include Area Code/DSN)		28. OFFICE EMAIL ADDRESS	29. OVERSEAS ASSIGNMENT (Country)
30. OVERSEAS ASSIGNMENT BEGIN DATE (YYYYMMDD)		31. OVERSEAS ASSIGNMENT END DATE (YYYYMMDD)		32. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD)		33. ELIGIBILITY EXPIRATION DATE (YYYYMMDD)
I certify the individual identified above, based on personal knowledge and available documentation, is in a status eligible for and requires an identification card in the performance of their duties with the DoD or Uniformed Services.						
34. SPONSORING OFFICIAL NAME (Last, First, Middle)				35. UNIT/ORGANIZATION NAME		
36. TITLE		37. PAY GRADE	38. SIGNATURE		39. DATE VERIFIED (YYYYMMDD)	



VOLAC Procedures: Setting Up UPASS Account

- UPASS – New Account Request - The volunteer coordinator needs to go the District website and put in an ACE-IT Service Request Ticket for a New UPASS user account. This process will take approximately 4-5 days to complete.
 - Go to Enterprise Service Desk - ACE-IT Service Request link. You can also contact the ESD with questions at 866-562-2348.
 - Select “Access Something?” under the Service Wizard tab/
 - Select “New Network Accounts”
 - For additional information, review each of the tabs under Service Details.
 - Click the green “Order Service” button.
 - Fill in the required fields – call ACE-IT for assistance.
 - Request will then be emailed to the Supervisor and Designated Approver for approval. Only one of them needs to sign, but they need to sign within 30 days.
 - Important: Let your supervisor know that the request to authorize will be coming so they can get that processed right away, or you will not be able to complete the process.
 - Once the request is signed by the supervisor, it goes to the Security Officer and IASO prior to account creation and configuration.
 - Upon approvals, an email will be sent to you, the requestor, with a login and password.



VOLAC Procedures: Setting Up UPASS Account



- U-PASS ACCESS, TRAINING and PASSWORD – You, or someone with an active UPASS account and CAC card must log into the Network, go to UPASS and use the UPASS login and password sent in the approval email to access the new account.
 - Once logged onto UPASS with the new user account, the volunteer will then be able to finish the training (2 modules that take about 2-3 hours).
 - Have the volunteer print out or email any training related certificates.
 - Once complete, volunteer can set up their account.
 - Once volunteer has set up their own card, they may then log in under their own username and password.



Volunteer Use of Government Property



Example from NWW:

- Any Government property loaned to volunteers for use during their assigned work plan must be accounted for by using a Property Control Receipt, form NWW 735-1, signed by the volunteer and the supervisor.
- Upon return of property, note any damage and indicate the date the property was returned on the receipt. Provide a copy of the loan receipt to the volunteer and give the original to the Volunteer Coordinator for the volunteer's personnel file.

PROPERTY CONTROL RECEIPT (INTERNAL WALLA WALLA DISTRICT ONLY)										
FROM: []		DATE: []		TO: []		DATE: []				
SIGNATURE (HRH or individual) []				SIGNATURE (HRH or individual) []						
OFFICE SYMBL: []		HRH NO.: []		OFFICE SYMBL: []		HRH NO.: []				
LOCATION: []		ROOM: []		LOCATION: []		ROOM: []				
COST ACCOUNT CODE: []				COST ACCOUNT CODE: []						
PRINTED NAME OF INDIVIDUAL REMOVING PROPERTY []				SIGNATURE []		DATE: []				
ITEM NO.	BAR TAG NO.	NOMENCLATURE <small>(including fac. mtgr. and model number)</small>			QTY	ESXCLHE	SERIAL NUMBER	COND. CODE	PRICE	DATE
ACTION POSTED BY: []		ADPE EXCESS/TRANSFER				TRANSACTION TYPE				
DOCUMENT NUMBER: []		DATE: []				<input type="checkbox"/> SUB HAND RECEIPT <input type="checkbox"/> REPAIR RETURN DATE [] <input type="checkbox"/> SALE <input type="checkbox"/> LOAN RETURN DATE [] <input type="checkbox"/> TRANSFER <input type="checkbox"/> PROPERTY RETURN DATE []				
REMARKS: []		Reviewed by (Signature) []								



Volunteer Fee Collection

(Example from NWW)

Handling Government Funds & Collecting Fees from the Public Signature Sheet

In accordance with ER/EP 1130-2-500 Chapter 10, superseded by Implementation Guidance for Section 1047 (d) Services of Volunteers, of the Water Resources and Reform Development Act (WRRDA) of 2014, Public Law 113-121 Paragraph p (1):

“p. Volunteers may be authorized to sell permits and collect fees from the public at campgrounds, day-use facilities, visitor centers, administration offices and other locations where fee collection is normally performed as a government function. The volunteer coordinator will ensure volunteers sign a statement on the volunteer agreement that states the person accepts the risk and liability of handling government funds. The volunteer coordinator will also ensure that volunteers are properly trained and provided a security awareness briefing prior to assignment of fee collection responsibilities in accordance with ER/EP 1130-2-550 Chapter 9.

- (1) *Volunteers are agents of the Army and are protected under 31 U.S.C. §3527. This statute states that: “Except in subsection (b), the Comptroller General may relieve a present or former accountable official or agent of the agency responsible for the physical loss or deficiency of public money, vouchers, checks, securities, or records, of may authorize reimbursement from an appropriation or fund available for the activity in which the loss or deficiency occurred for the amount of the loss or deficiency paid by the official or agent as restitution, when –(1) the head of the agency decides that –(A) the official or agent was carrying out official duties when the loss or deficiency occurred, or the loss or deficiency occurred because of an act or failure to act by a subordinate of the official or agent, and (B) the loss or deficiency was not the result of fault or negligence by the official or agent; (2) the loss or deficiency was not the result of an illegal or incorrect payment; and (3) the Comptroller General agrees with the decision of the head of the agency.” Volunteers may be required to prove non-negligence for any loss in order to gain relief under the above statute.”*

This verifies that _____ has been trained for and informed of his or her responsibilities/liabilities in handling Government funds. This volunteer will be performing the following duties as needed and direct by the Operation Project Volunteer Coordinator and Accepting Official.

Operating Project: _____

Volunteer Name: _____

Volunteer Position and Duty Station (explain duties): _____

Volunteer Coordinator Signature: _____ Date: _____

Volunteer Supervisor Signature: _____ Date: _____





Volunteer Safety



- Personal safety equipment will be provided by the government, in accordance with EM 385-1-1, or purchased by the volunteer and considered reimbursable incidental expenses of the volunteer, if authorized in advance by the volunteer coordinator.
- Volunteers performing duties for which federal employees would be provided immunizations, may be provided the same immunizations paid for or reimbursed by the government.
- Volunteers will not be used in work assignments in which USACE personnel would receive hazardous duty pay.
- Volunteers should be encouraged to join staff for the project's monthly safety meetings and be trained in how to properly use water safety rescue equipment and techniques.



Volunteer Safety



- Injuries to volunteers will be reported in the same manner as those involving USACE personnel. CA-1 & CA-16 (must be filled out by a Dr), OSHA Form 300, 300a, and 301.
- Volunteers are entitled to first aid and medical treatment for on-the-job injuries, as well as hospital care when necessary. When travel for receiving medical care is necessary, transportation may be furnished, or the volunteer's travel expenses reimbursed.
- If death results from an on-the-job injury, burial and funeral expenses may be paid. However, burial and funeral payments (to include the amounts of such payments), as well as other possible compensations are regulated by the Office of Worker Compensation Programs.
- Volunteers do not receive compensation for lost wages.





Resources: NRM Gateway Volunteer Page



<https://corpslakes.ercd.dren.mil/employees/volunteer/volunteer.cfm>



US Army Corps of Engineers ®

Natural Resources Management Gateway

to the future . . .

- Home
- Visitors
- Lake Discovery
- Recreation
- Env Compliance
- Env Stewardship
- Partners
- News/Events
- People
- Forums
- Learning
- GETS
- Tools
- New Postings
- Submit
- Index/Search

Volunteer

Volunteer Program

[Headquarters POC](#)

Corps projects offer many volunteer opportunities in recreation and natural resources management. Volunteers can serve as park and campground hosts, staff visitor centers, conduct programs, clean shorelines, restore fish and wildlife habitat, maintain park trails and facilities, and more. Corps personnel can recruit their own volunteers or get help from the [Volunteer Clearinghouse](#), (1-800-VOL-TEER or 1-800-865-8337), a national information center for people interested in volunteering at Corps projects across the country. Corps offices that have upcoming projects or events that volunteers can assist with may use the Volunteer Clearinghouse to [submit their volunteer projects on-line](#).

- [Policy & Procedures](#)
- [Volunteer Forms](#)
- [Program History](#)
- [Training](#)
- [Volunteer Clearinghouse](#)
- [Related Sites](#)
- [National Public Lands Day](#)
- [Division & District POCs](#) 
- [Volunteer Awards](#)
- [Volunteer Program Annual Reports](#)
- [News / Current Issues](#)
- [FAQs](#)
- [Good Enough to Share](#)
- [Volunteer Clothing, Posters, and Brochures](#)
- [Volunteer Plans and Handbooks](#)
- [Job/Activity Hazard Analyses](#)
- [Background Checks/Volunteer Computer Access](#)
- [Corps Photo Album for Volunteers](#)
- [Volunteer Pass Program](#)



Resources: NRM Gateway COVID Page



<https://corpslakes.erdc.dren.mil/covid19/index.cfm>



US Army Corps of Engineers

Natural Resources Management Gateway *to the future . . .*

- Home
- Visitors
- Lake Discovery
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- Index/Search

USACE Response to COVID-19 - Resources for the NRM Community

This page offers resources to the NRM CoP during the USACE response to COVID-19. These resources have been distributed via email by leadership and are consolidated here for ease of reference. The [KM Portal - COVID-19 USACE Site](#) is your primary source for agency briefing materials, public affairs information, as well as links to the World Health Organization and Center for Disease Control.

Current Status at our Facilities

- [17 Feb 2021 News Release - Army Corps of Engineers requires face masks at all recreation projects](#)

Implementation of Executive Order 13991, Training, and Guidance

- [Webinar - COVID-19 Implementing EO 13991 Training](#)
- [Executive Order 13991 Protecting the Federal Workforce and Requiring Mask Wearing \(Jan 2021\)](#)
- [OMB Guidance - M-21-15](#)
- [DoD Policy - Use of Masks and Other Public Health Measures](#)
- [USACE COVID-19 Information](#)
- [Other Policy - OPORD, OPM information, Vaccination, etc.](#)
- [COVID-19 Transition and Workplace Re-entry](#)
- [Mask Up, Leave No Trace, and Recreate Responsibly](#)
- [PSAs](#)
- [Sign Program](#)
- [Good Enough to Share](#)
- [Activity Hazard Analysis](#)
- [Related Sites, Social Media Resources, & Telework Tips](#)





Upcoming Volunteer Webinars/ Important Dates



- Feb 24, 12:00 – 1:00 Pacific/ 3:00 – 4:00 Eastern: Volunteer orientation, training, supervision. Incidental expenses and reimbursements
- Mar 4, 10:30 – 11:30 Pacific/1:30 – 2:30 Eastern: Volunteer evaluations and awards. Entering volunteer data in NRM Assessment
- Apr 17 – 23: National Volunteer Week