

VOLUNTEER IN-PROCESSING AND PAPERWORK

Heather Burke
National Partnership Program Manager
HQUSACE
10 February 2023



US Army Corps
of Engineers®



OF 301 Forms

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*

<https://corpslakes.erd.c.dren.mil/employees/volunteer/forms.cfm>



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			



志愿者服务申请--自然和文化资源			
该可选的申请帮助联邦土地和水管理机构为现有的志愿者职位确定感兴趣和合格的候选人。每个职位的申请都在当地提交和处理。如果志愿者承诺参加特定的志愿活动，他们需要填写 OF-301a 志愿者服务协议。在适当的方框内打 X，并打印或打出相应的内容。			
1. 姓名 (姓, 名)	2. 出生日期 / /	3. 电话号码 () -	4. 电子邮件地址
5. 街道地址, 公寓 #	6. 城市	7. 州	8. 邮政编码
9. 您对哪些一般类别的志愿服务最感兴趣? 请勾选所有适用项。			
<input type="checkbox"/> 考古学 <input type="checkbox"/> 植物学 <input type="checkbox"/> 营地/现场主持 <input type="checkbox"/> 营地维护 <input type="checkbox"/> 建筑维护 <input type="checkbox"/> 计算机 <input type="checkbox"/> 保护教育	<input type="checkbox"/> GIS/GPS <input type="checkbox"/> 鱼类/野生动物 <input type="checkbox"/> 历史/保护 <input type="checkbox"/> 虫害/疾病控制 <input type="checkbox"/> 矿物/地质学 <input type="checkbox"/> 自然资源规划 <input type="checkbox"/> 办公室/文职 <input type="checkbox"/> 牧场/牲畜	<input type="checkbox"/> 研究/图书馆员 <input type="checkbox"/> 土壤/分水岭 <input type="checkbox"/> 木材/火灾预防 <input type="checkbox"/> 路径维护 <input type="checkbox"/> 导游/解说 <input type="checkbox"/> 游客信息 <input type="checkbox"/> 其他 (请注明)	
10. 您有什么资格、技能或经验, 希望作为志愿者使用? 请勾选所有适用项。			
<input type="checkbox"/> 背包旅行/露营 生物学 <input type="checkbox"/> 船只操作 <input type="checkbox"/> 木工 <input type="checkbox"/> 文职/办公机器 <input type="checkbox"/> 计算机编程 <input type="checkbox"/> 制图/图形学 <input type="checkbox"/> 驾驶执照 <input type="checkbox"/> 急救证书	<input type="checkbox"/> 手动/电动工具 <input type="checkbox"/> 重型设备操作 <input type="checkbox"/> 马匹-护理/骑马 <input type="checkbox"/> 景观设计/植树造林 <input type="checkbox"/> 土地测量 <input type="checkbox"/> 牲畜/放牧 <input type="checkbox"/> 地图阅读或 GIS/GPS <input type="checkbox"/> 登山摄影	<input type="checkbox"/> 公共演讲 <input type="checkbox"/> 研究/图书馆员 <input type="checkbox"/> 手语 <input type="checkbox"/> 监督 <input type="checkbox"/> 其他行业技能 (请注明) <input type="checkbox"/> 教学 <input type="checkbox"/> 与人打交道 <input type="checkbox"/> 写作/编辑 <input type="checkbox"/> 其他 (请注明)	
11. 您熟练掌握哪些语言? 请勾选所有适用项。			
<input type="checkbox"/> 阿拉伯语 <input type="checkbox"/> 中文 <input type="checkbox"/> 英语 <input type="checkbox"/> 法语	<input type="checkbox"/> 德语 <input type="checkbox"/> 印地语 <input type="checkbox"/> 日语 <input type="checkbox"/> 韩语	<input type="checkbox"/> 拉汉达语/旁遮普语 <input type="checkbox"/> 葡萄牙语 <input type="checkbox"/> 孟加拉语 <input type="checkbox"/> 西班牙文 <input type="checkbox"/> 其他 (请注明)	
12. 如果您有具体的志愿者兴趣, 请确定并描述您可能适用的资格、技能、经验或教育。			
13. 您是美国公民或永久居民吗? 是, 我是美国公民或永久居民 <input type="checkbox"/> 否, 我不是美国公民或永久居民 <input type="checkbox"/> (如果选择, 请列出签证类型)			
14. a. 您以前是否做过志愿者? <input type="checkbox"/> 是 <input type="checkbox"/> 否 b. 如果是, 请列出所参加志愿服务的组织, 并注明联系人姓名、电话或电子邮件地址, 并简要描述自己的工作。			
15. 您是否愿意监督其他志愿者? <input type="checkbox"/> 是 <input type="checkbox"/> 否			
志愿服务申请		OF301	
		USDOI - USDA - USDOC - USDOD	

SOLICITUD DE SERVICIO VOLUNTARIO - RECURSOS NATURALES Y CULTURALES			
Esta solicitud opcional ayuda a los agencias federales de manejo de tierras y aguas a identificar a los candidatos interesados y calificados para los puestos de voluntariado disponibles. Las solicitudes se presentan y procesan localmente para cada puesto. Si un voluntario se compromete a realizar una actividad específica de voluntariado, debe completar un Acuerdo de Servicio Voluntario OF-301a. Marque con una X las casillas correspondientes y escriba a máquina o con letra de molde todas las respuestas.			
1. Nombre (Apellido, Nombre)	2. Fecha de nacimiento / /	3. Teléfono () -	4. Dirección de correo electrónico
5. Dirección, Calle, Número de Departamento	6. Ciudad	7. Estado	8. Código Postal
9. ¿Qué categorías generales le interesan más como voluntario? Marque todas las que correspondan.			
<input type="checkbox"/> Arqueología <input type="checkbox"/> Botánica <input type="checkbox"/> Anfitrión de campamento/lugar <input type="checkbox"/> Mantenimiento de campamento <input type="checkbox"/> Mantenimiento de construcción <input type="checkbox"/> Computadoras <input type="checkbox"/> Educación para la conservación	<input type="checkbox"/> GIS/GPS <input type="checkbox"/> Pesca/Vida salvaje <input type="checkbox"/> Historia/Conservación <input type="checkbox"/> Control de plagas/Enfermedades <input type="checkbox"/> Minerales/Geología <input type="checkbox"/> Planeación de recursos naturales <input type="checkbox"/> Oficina/Clerical <input type="checkbox"/> Pastizales/Ganadería	<input type="checkbox"/> Investigación/Bibliotecario <input type="checkbox"/> Suelos/Cuenca hidrográfica <input type="checkbox"/> Madera/Prevención de incendios <input type="checkbox"/> Mantenimiento de senderos <input type="checkbox"/> Guía turístico/Interpretación <input type="checkbox"/> Información al visitante <input type="checkbox"/> Otros (Por favor especifique)	
10. ¿Qué calificaciones, habilidades o experiencias tiene que le gustaría usar como voluntario? Marque todas las que correspondan.			
<input type="checkbox"/> Excursiones/Salir de campamentos <input type="checkbox"/> Operación de botes <input type="checkbox"/> Carpintería <input type="checkbox"/> Maquinaria de oficina <input type="checkbox"/> Programación informática <input type="checkbox"/> Dibujo/Gráficos <input type="checkbox"/> Licencia de manejo <input type="checkbox"/> Certificado de primeros auxilios	<input type="checkbox"/> Herramientas manuales/eléctricas <input type="checkbox"/> Operación de maquinaria pesada <input type="checkbox"/> Cuidar/Montar caballos <input type="checkbox"/> Paisajismo/Reforestación <input type="checkbox"/> Topografía del terreno <input type="checkbox"/> Ganado/Ganadería <input type="checkbox"/> Lectura de mapas o GIS/GPS <input type="checkbox"/> Fotografía de montañismo	<input type="checkbox"/> Oratoria <input type="checkbox"/> Investigación/Bibliotecario <input type="checkbox"/> Lenguaje de señas <input type="checkbox"/> Supervisión <input type="checkbox"/> Otros oficios (Por favor especifique) <input type="checkbox"/> Enseñanza <input type="checkbox"/> Trabajo con personas <input type="checkbox"/> Escritura/Edición <input type="checkbox"/> Otros (Por favor especifique)	
11. ¿Qué idiomas domina? Marque todas las que correspondan.			
<input type="checkbox"/> Árabe <input type="checkbox"/> Chino <input type="checkbox"/> Inglés <input type="checkbox"/> Francés	<input type="checkbox"/> Alemán <input type="checkbox"/> Hindi <input type="checkbox"/> Japonés <input type="checkbox"/> Coreano	<input type="checkbox"/> Lahanda/ Punjabi <input type="checkbox"/> Portugués <input type="checkbox"/> Ruso <input type="checkbox"/> Español <input type="checkbox"/> Otros (Por favor especifique)	
12. Si tiene un interés específico como voluntario, por favor identifique y describa sus calificaciones, habilidades, experiencias o educación que puedan aplicarse.			
13. ¿Es usted ciudadano estadounidense o residente permanente? Sí, soy ciudadano estadounidense o residente permanente <input type="checkbox"/> No, no soy ciudadano estadounidense ni residente permanente <input type="checkbox"/> (si procede, indique el tipo de visa)			
14. a. ¿Ha sido voluntario anteriormente? <input type="checkbox"/> Si <input type="checkbox"/> No b. En caso afirmativo, por favor, indique la organización en la que ha trabajado como voluntario con un nombre de contacto y un número de teléfono o una dirección de correo electrónico, y describa brevemente lo que ha hecho.			
15. ¿Le gustaría supervisar a otros voluntarios? <input type="checkbox"/> Si <input type="checkbox"/> No			
Solicitud de Servicio Voluntario		OF301	
		USDOI - USDA - USDOC - USDOD	



OF 301 Forms

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 volunteer duties, 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 <input type="checkbox"/> Asian <input type="checkbox"/> White	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:			



志愿者服务协议-自然与文化资源

1. 志愿者协议类型 (选择 1) <input type="checkbox"/> 个人 <input type="checkbox"/> 团体		2. 团体名称 (如适用)	
3. 填写表格的志愿者或团体负责人的姓名 (姓, 名)		4. 美国公民或永久居民 <input type="checkbox"/> 是, 我是美国公民或永久居民 <input type="checkbox"/> 否, 我不是美国公民或永久居民 (如果选择, 请列出签证类型 _____)	
5. 街道地址, 公寓号码	6. 城市	7. 州	8. 邮政编码
9. 出生日期	10. 电话	11. 电邮地址	
12. 人口统计信息 (可选): 请注明民族和种族, 并告诉我们您是否是退伍军人或有残疾。多种族的受访者可以选择两个或更多的种族。这些信息将使我们了解自然和文化资源领域志愿者队伍的多样性和包容性。			
12a. 族裔 (单选): <input type="checkbox"/> 西班牙语裔、拉美裔或西班牙裔 <input type="checkbox"/> 非西班牙语裔、拉美裔或西班牙裔		12b. 种族 (单选或多选, 与种族无关): <input type="checkbox"/> 美国印第安人或阿拉斯加原住民 <input type="checkbox"/> 亚裔 <input type="checkbox"/> 黑人或非裔美国人 <input type="checkbox"/> 白人 <input type="checkbox"/> 夏威夷原住民或其他太平洋岛民	
		12c. 您是退伍军人或现役军人吗? <input type="checkbox"/> 是 <input type="checkbox"/> 否	
		12d. 您是否有残疾? <input type="checkbox"/> 是 <input type="checkbox"/> 否	
紧急联系信息			
13. 姓名(姓, 名)		14. 电话	15. 电邮地址
16. 街道地址, 公寓号码	17. 城市	18. 州	19. 邮政编码
政府官员填写此部分			
20. 机构/局的名称		21. 协议编号	
22. 机构联系人姓名 (姓, 名)		23. 机构联系人的电子邮件和电话	
24. 是否批准报销: <input type="checkbox"/> 是 <input type="checkbox"/> 否 报销的类型和比率:		25. 志愿者职位/团体项目名称:	
26. 将要进行的服务的描述。提供志愿者或服务活动的简要摘要和志愿者活动的地点, 并附上将要进行的服务描述。服务描述应包括诸如时间和日程承诺、使用政府车辆、使用个人设备和/或车辆、所需技能 (如有必要请注明证书)、所需体力活动水平等细节。 志愿者/服务活动摘要			
27. 请勾选所有适用项: <input type="checkbox"/> 所附的服务描述 <input type="checkbox"/> 需要有效的驾驶执照 <input type="checkbox"/> 需要体检合格证 <input type="checkbox"/> 附上 OF-301b 团体志愿者登记表 <input type="checkbox"/> 需要进行背景调查 <input type="checkbox"/> 附有风险评估 <input type="checkbox"/> 其他:			

志愿者服务协议

OF301a

USDOI - USDA - USDOC - USDOC

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



ACUERDO DE SERVICIO VOLUNTARIO - RECURSOS NATURALES Y CULTURALES			
1. TIPO DE ACUERDO VOLUNTARIO (Elija 1) <input type="checkbox"/> Individual <input type="checkbox"/> Grupo		2. NOMBRE DEL GRUPO (si pertenece)	
3. NOMBRE DEL VOLUNTARIO DEL LÍDER DEL GRUPO QUE COMPLETA EL FORMULARIO (Apellido, Nombre)		4. CIUDADANO ESTADOUNIDENSE O RESIDENTE PERMANENTE <input type="checkbox"/> Sí, soy ciudadano estadounidense o residente permanente <input type="checkbox"/> No, no soy ciudadano estadounidense o residente permanente (Si procede, indique el tipo de visa)	
5. DIRECCIÓN, CALLE, NÚMERO DE DEPARTAMENTO	6. CIUDAD	7. ESTADO	8. CÓDIGO POSTAL
9. FECHA DE NACIMIENTO	10. TELÉFONO	11. DIRECCIÓN DE CORREO ELECTRÓNICO	
12. INFORMACIÓN DEMOGRÁFICA (Opcional): Por favor, indique tanto la etnia como la raza y díganos si es veterano o tiene alguna discapacidad. Los encuestados multirraciales pueden seleccionar dos o más razas. Esta información nos ayudará a entender la diversidad y la inclusión entre la fuerza de voluntarios en las áreas de recursos naturales y culturales.			
12a. Origen étnico (Elija una): <input type="checkbox"/> Hispano, latino o de origen español <input type="checkbox"/> No hispano, latino o de origen español		12b. Raza (Elija uno o más, independientemente del origen étnico): <input type="checkbox"/> Indio americano o nativo de Alaska <input type="checkbox"/> Asiático <input type="checkbox"/> Negro o afroamericano <input type="checkbox"/> Blanco <input type="checkbox"/> Nativo de Hawái o de otras islas del Pacífico	
		12c. ¿Es usted un veterano militar o militar en servicio activo? <input type="checkbox"/> Sí <input type="checkbox"/> No	
		12d. ¿Tiene alguna discapacidad? <input type="checkbox"/> Sí <input type="checkbox"/> No	
INFORMACIÓN DE CONTACTO EN CASO DE EMERGENCIA			
13. Nombre (Apellido, Nombre)		14. TELÉFONO	15. DIRECCIÓN DE CORREO ELECTRÓNICO
16. DIRECCIÓN, CALLE, NÚMERO DE DEPARTAMENTO		17. CIUDAD	18. ESTADO 19. CÓDIGO POSTAL
EL FUNCIONARIO DE GOBIERNO COMPLETARÁ ESTA SECCIÓN			
20. NOMBRE DE AGENCIA/OFICINA		21. ACUERDO #	
22. NOMBRE DE CONTACTO DE LA AGENCIA (Apellido, Nombre)		23. CORREO ELECTRÓNICO Y TELÉFONO DE CONTACTO DE LA AGENCIA	
24. REEMBOLSOS APROBADOS: <input type="checkbox"/> Sí <input type="checkbox"/> No Tipo y porcentaje de reembolso:		25. NOMBRE DEL PROYECTO DEL GRUPO/GRUPO DE VOLUNTARIOS	
26. Descripción del servicio a realizar. Proporcione un breve resumen de la actividad de voluntariado o servicio y la ubicación de la actividad de voluntariado, y adjunte la descripción del servicio a realizar. La descripción del servicio debe incluir detalles tales como el compromiso de tiempo y horario, el uso de un vehículo del gobierno, el uso de equipo y/o vehículo personal, las habilidades requeridas (anote las certificaciones si son necesarias), el nivel de actividad física requerido, etc.			
RESUMEN DE LA ACTIVIDAD DE VOLUNTARIADO/SERVICIO			
27. Marque todas las que apliquen:		<input type="checkbox"/> Descripción del servicio adjunto <input type="checkbox"/> Licencia de manejar válida necesaria <input type="checkbox"/> Autorización médica requerida	
		<input type="checkbox"/> Formulario de Inscripción de Voluntarios OF-301b para grupos adjunto <input type="checkbox"/> Se requiere investigación de antecedentes <input type="checkbox"/> Otros:	
		<input type="checkbox"/> Evaluación de riesgos adjunta	

Acuerdo de Servicios de Voluntarios

OF301a

USDOI - USDA - USDOC - USDOC



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 do not need to sign an OF 301a.



OF 301 Forms

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"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>



ACUERDO DE SERVICIO VOLUNTARIO - Formulario de Inscripción de Voluntarios de Recursos Naturales y Culturales para Grupos

Todos los voluntarios que participen en un grupo organizado en un proyecto de voluntariado por episodios con una agencia federal de manejo de tierras y aguas, deben inscribirse en este formulario (a menos que se inscriban en un Acuerdo de Servicio Voluntario Individual, OF-301a). Los voluntarios menores de 18 años no pueden usar este formulario, y deben completar un Acuerdo de Servicio Voluntario Individual (OF-301a). Este formulario debe acompañar a un Acuerdo de Servicio Voluntario de Grupo (OF-301a), completado por el líder del grupo. Los líderes de grupo son responsables de asegurarse que todas las personas inscritas en este formulario comprendan las tareas que deben realizar y las condiciones del proyecto.

NOMBRE DEL PROYECTO:					Entiendo los requisitos de salud y condición física para este puesto, y no conozco de ninguna condición médica o limitación física que pueda afectar negativamente a mi capacidad para prestar este servicio.	Doy mi consentimiento para ser fotografiado, y para la divulgación de mi imagen fotográfica.
NOMBRE DEL GRUPO:		AGENCIA:				
LÍDER DEL GRUPO (Apellido, Nombre):		ACUERDO # (Casilla 21 OF-301A):				
NOMBRE DEL VOLUNTARIO (Apellido, Nombre):	DIRECCIÓN DE CORREO ELECTRÓNICO DEL VOLUNTARIO	TELÉFONO DEL VOLUNTARIO	MES Y AÑO DE NACIMIENTO	FIRMA DEL VOLUNTARIO	Si <input type="checkbox"/> No <input type="checkbox"/>	Si <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"/> <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"/>

OMB 控制号 1093-0006
终止日期 10/31/2024

志愿者服务协议-自然和文化资源团体志愿者登记表

所有与有组织的团体一起参加联邦土地和水资源管理机构的偶发志愿者项目的志愿者必须在此表格上签名（除非在个人志愿者服务协议（OF-301a）下签名）。18岁以下的志愿者不能使用此表，必须填写个人志愿者服务协议（OF-301a）。

此表格必须与团体志愿者服务协议（OF-301a）一起，由团体负责人完成。组长负责确保每个在此表上签名的人都了解要履行的职责和项目的条款。

项目名称:					我了解这个职位的健康和身体状况要求, 我不知道有任何医疗状况或身体限制可能对我提供这项服务的能力产生负面影响。	我同意被拍照, 并同意公布我的照片图像。
团体名称:		机构:				
团体负责人(姓, 名):		协议书编号(OF-301A box21):				
志愿者姓名(姓, 名)	志愿者电子邮件地址	志愿者电话号码	出生月份和年份	志愿者签名	是 <input type="checkbox"/> 否 <input type="checkbox"/>	是 <input type="checkbox"/> 否 <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"/> <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"/> <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"/>



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

Project _____

Volunteer(s) _____

This Job Hazard Analysis will serve as a reminder that **at no time in the performance of your duties should you put yourself at risk of injury.** When a situation arises that could put you in danger, always choose the safe option. If you feel that engaging in an activity could lead to a dangerous situation, get away from the situation and call park ranger staff or 911 for assistance. Your safety is always your top priority.

The following pages describe job hazards that you may encounter during your time on duty. If you become injured while on duty, please note the time, place, and cause of injury and notify a park ranger so that an incident report may be completed. For injuries that require immediate medical attention, please contact a park ranger as soon as possible so that they may meet you at the hospital or doctor's office where you are being treated.

For detailed information on all safety rules and regulations, you should become familiar with the USACE Safety Manual, EM 385-1-1.

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

Volunteer Signature _____

Date _____

Volunteer Signature _____

Date _____

ACTIVITY HAZARDS ANALYSIS

Date: _____ Project: _____

Activity: Park Host/Recreation Area Volunteers

Activity Location: _____

Prepared By: _____

Overall Risk Assessment Code (RAC)
(Use highest code) M

Risk Assessment Code Matrix

		Probability				
		Frequent	Likely	Occasional	Seldom	Unlikely
Severity	Catastrophic	E	E	H	H	M
	Critical	E	H	H	M	L
	Marginal	H	M	M	L	L
	Negligible	M	L	L	L	L

Add Identified Hazards

	JOB STEPS	HAZARDS	ACTIONS TO ELIMINATE OR MINIMIZE HAZARDS	RAC
X	Walk entire recreation area daily	Snake, insect, tick bites	Be aware of hiding places. Wear appropriate clothing.	L
X		Isolated areas	Be aware of people Walk with someone, if alone let partner know you are going out. Have emergency numbers and carry a phone.	L
X		Fallen branches	Watch where you step Avoid walking during high winds	L
X		Slippery rocks near lake	Wear sturdy shoes Step carefully	L
X		Traffic	Wear reflective clothing, particularly at night Be vigilant near roads	L
X		Broken glass	Watch where you step Pick up very cautiously Carry sturdy bag to collect broken glass	L
X		Weather	Be aware of adverse weather warnings Have a plan in place to go to a safe area	L
X		Ice and Snow	Put ice melt/salt in areas where ice collects Watch your step	L
X		Limited visibility at night disguising tripping hazards	Carry a flashlight	L

SWF Form 385-1 April 2015



Volunteer COVID Guidance

From 03 February 2023: FRAGORD 30 to OPORD 2021-38 (USACE COVID Steady State Operations)

- USACE volunteers who work indoors at USACE recreation sites or ride in enclosed GOVs formerly treated as “official visitors” as defined in Attachment 2 of the 20 December 2021 “Force Health Protection Guidance (Supplement 23) Revision 3 are **no longer required to complete DD Form 3150 Contractor Personnel and Visitor Certification for Vaccination, nor show a copy of negative results from an FDA-authorized or approved COVID-19 test.**



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



Updates 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.



Updates 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 (SOI), Submitting Office Number (SON), and an Agency Location Code (SLC) to be processed in PSI-CoE.



Acceptable Fingerprint Cards



FD-258

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

APPLICANT

* Privacy Act Notice on Back
FD-258 (Rev. 5-15-17) 1110-0016

LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED		LAST NAME <u>NAM</u> FIRST NAME <u>NAM</u> MIDDLE NAME		DATE OF BIRTH <u>DOB</u> Month Day Year	
RESIDENCE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		DATE OF BIRTH <u>DOB</u> Month Day Year	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		PLACE OF BIRTH <u>POB</u>	
EMPLOYER AND ADDRESS		FBI NO. <u>FBI</u>		CLASS	
REASON FINGERPRINTED		SOCIAL SECURITY NO. <u>SOC</u>		REF.	
		MISCELLANEOUS NO. <u>MNU</u>			

VOID

SF 87 (REV. OCTOBER 2019) US DEPT OF DEFENSE E.O. 13869		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME <u>NAM</u> FIRST NAME MIDDLE NAME		FBI		LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED		OR I		SERIAL NO. (DOD USE ONLY) <u>OCA</u>					
RESIDENCE OF PERSON FINGERPRINTED		S O N		S O I		IPAC		MISCELLANEOUS NO. <u>MNU</u>	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		ALIASES <u>AKA</u>		SEX		HGT. WGT. EYES HAIR PLACE OF BIRTH <u>POB</u>	
TITLE AND ADDRESS		SCARS, MARKS, AND TATTOOS		RACE (SELECT ONE OR MORE)		CLASS		REF.	
POSITION TO WHICH APPOINTED		FBI NO. <u>FBI</u>		AMERICAN INDIAN OR ALASKA NATIVE					
DEPARTMENT, BUREAU, AND DUTY STATION (CITY AND STATE)		SOCIAL SECURITY NO. <u>SOC</u>		ASIAN					
				BLACK OR AFRICAN AMERICAN					
				HISPANIC OR LATINO					
				NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER					
				WHITE					

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		541-682-4150			N	\$30				
NWD	NWW	NWW District Office	201 N. 3rd Ave	Walla Walla	WA	99362	James Frank	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				X			

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

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 #1	Month/Year To	Name #3	Month/Year To
Name #2	Month/Year To	Name #4	Month/Year To

6 SEX (Mark one box)	Female <input type="checkbox"/>	Male <input type="checkbox"/>
-----------------------------	---------------------------------	-------------------------------

7 CITIZENSHIP a Mark the box at the right that reflects your current citizenship status, and follow its instructions.	<input type="checkbox"/> 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
	<input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. (Answer items b, c and d)	
	<input type="checkbox"/> 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

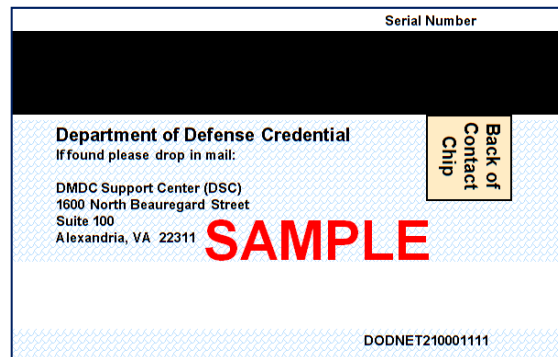
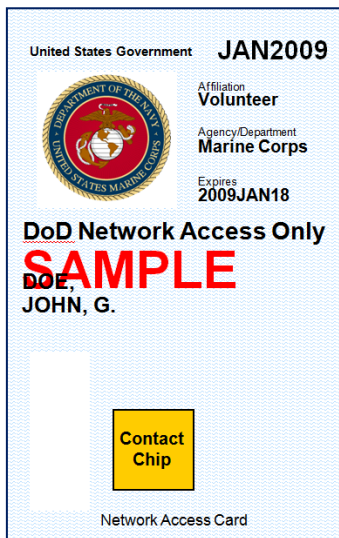


- Volunteers requiring government computer access connected to Department of Defense (DOD) networks must be issued a Volunteer Logical Access Credential (VOLAC) card.



- 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.)*

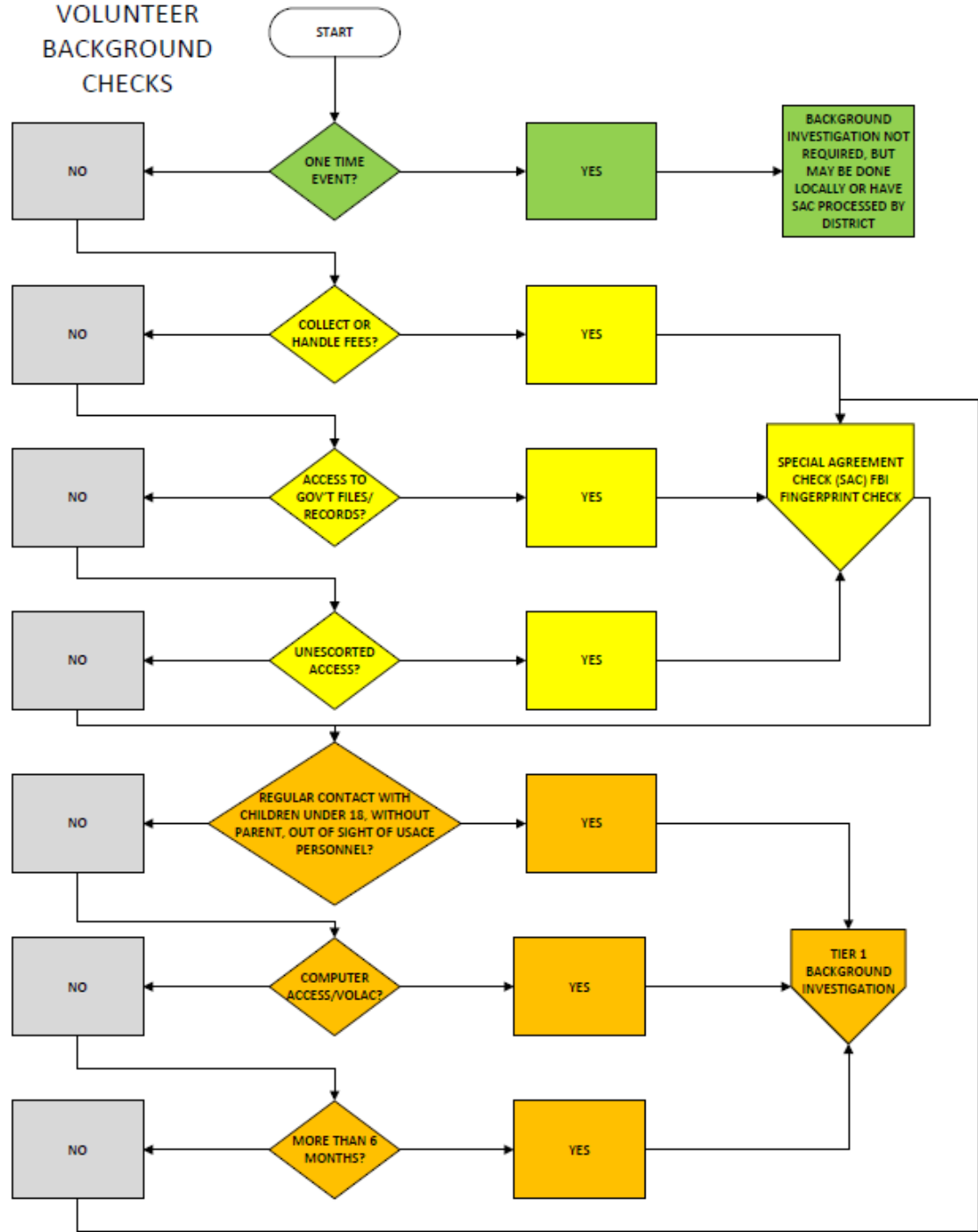


VOLAC Procedures

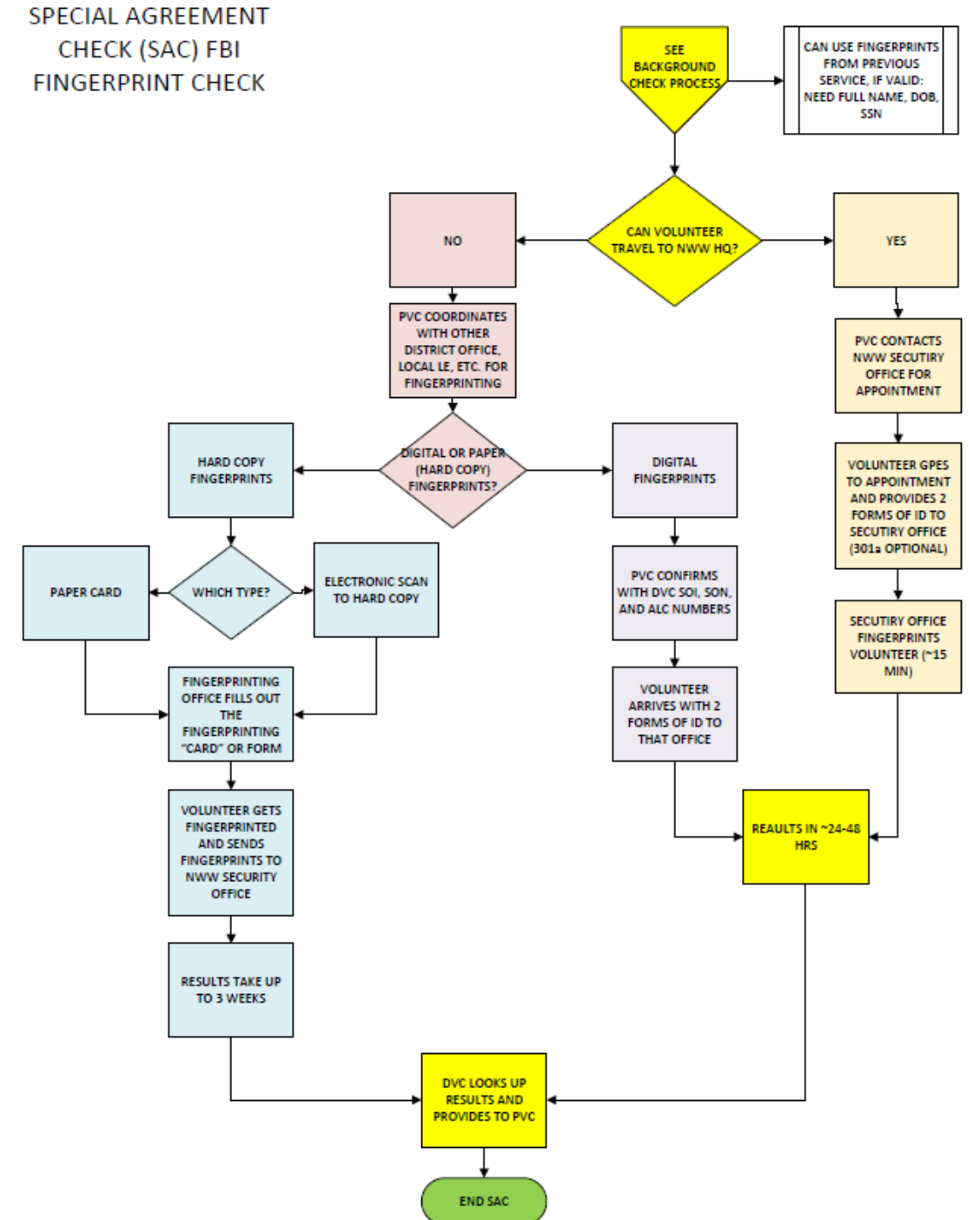
The following procedures must be followed to issue VOLAC cards to eligible volunteers:

- 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.

VOLUNTEER BACKGROUND CHECKS



SPECIAL AGREEMENT CHECK (SAC) FBI FINGERPRINT CHECK





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



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-sue 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.





Volunteer Recommended Item Checklist



Volunteer Recommended Item Checklist

Are you planning to volunteer at a USACE location but question what items may be important to have with you? We were hoping to provide you with a basic list of items that may be important to have with you during your time providing volunteer service. Items listed have been organized across multiple different categories to include clothing, paperwork, personal items, RV gear, safety, tools, and miscellaneous.

Clothing

- Close toed shoes
- Long pants
- Long sleeved shirt
- Rain gear
- Specific gear/clothing needed for region's climate
- Sunglasses



Paperwork

- Completed volunteer forms if provided to you prior to the start of your volunteer service
- Birth Certificate
- Driver's License
- Passport
- Notepad



Personal Items

- Bug Spray
- Toiletry items. Prepare to use onsite community bathroom if no shower in RV or camper
- Binoculars
- Camping chairs

RV/Camper Gear

- Backup generator in case of power outage in campground
- Camper or RV
- Drinking water hose
- Electrical Cord the fits RV AND fits provided electric at site (30 amp vs 50 amp)

NOTE: These lists are not all-inclusive and will vary depending on where the volunteer service is performed. Please contact your volunteer coordinator point of contact at the project you will be working to get specifics for your volunteer position and location.

- List of common items volunteers might want to bring, and items provided by USACE.
- Available on the Volunteer app and the Gateway.

RV/Camper Gear Continued

- Extra Fuses for camper and know where the breakers are
- Internet provider (USACE does not typically provide internet)
- Jumper cables
- Portable waste tank if there is no sewage on site
- Power cords
- RV surge protector
- Sewer hose support
- Surge Protector for RV
- Tarps
- Tire pressure gauge
- Spare Tires
- Water filtration system
- Water hose for camper
- Water pressure regulator
- Wheel chocks/stops
- Winterization equipment to make sure water tanks or lines doesn't freeze in camper



Safety

- Work Gloves (often provided by USACE, however, if you have preferred work gloves bring them along)
- Flashlight
- Fire extinguisher
- Lantern for camp
- Special eye protection (if need prescription lenses)
- Steel toed shoes (if maintenance worker)
- Additional safety items may be provided by USACE



Tools

- Hand tools for personal use
- Tools needed to complete volunteer work will be provided by USACE



Items Often Provided by USACE

Clothing

- Volunteer Uniform
 - Vests
 - Sweatshirts
 - Polos
 - T-shirts
 - Ball caps
 - Nametag



Paperwork

- Volunteer Forms

RV

- RV site with fire pit, picnic table, water, electric (and often sewer)

Safety

- First aid kit with basic supplies
- Flashlights
- Handheld radio with USACE and law enforcement channels
- High visibility vest
- Personal protective equipment
- Safety glasses
- Steel toe boots
- Training (First aid/CPR) – Depending on the location

Tools

- Binoculars
- Hand tools (hammers, screwdrivers, shovels, drills, etc.)
- Multi tool
- Pocket knife
- Power tools and fuel for tools
- Supplies for special projects
- Work gloves



Resources: NRM Gateway Volunteer Page



<https://corpslakes.erdc.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](#)



Upcoming Volunteer Webinars / Important Dates

- Feb 13, 12:00 – 1:00 Pacific/ 3:00 – 4:00 Eastern: Volunteer orientation, training, supervision. Incidental expenses and reimbursements
- Feb 15, 8:30 – 9:30 Pacific/11:30 – 12:30 Eastern: Volunteer evaluations and awards. Entering volunteer data in CWBI
- Feb 16, 10:00 – 11:00 Pacific/1:00 – 2:00 Eastern: Trout Unlimited National MOU
- Apr 16 – 22: National Volunteer Week

**This webinar has been recorded and will be posted along with the slides on the NRM Gateway Partnerships and Volunteer training pages:

<https://corpslakes.erc.dren.mil/employees/training.cfm?Id=partner&View=yes>

<https://corpslakes.erc.dren.mil/employees/training.cfm?Id=volunteer&View=Yes>

