

TULSA DISTRICT VOLUNTEER COORDINATOR HANDBOOK

TULSA DISTRICT VOLUNTEER GUIDELINES
TABLE OF CONTENTS

SECTION	PAGE NUMBER
I. INTRODUCTION	5
A. Purpose	5
B. Program Goals	5
C. Definitions and Responsibilities	5
II. THE VOLUNTEER MANAGEMENT PLAN, NEEDS ASSESSMENT, AND RECRUITING	8
A. Volunteer Management Plan	8
B. Needs Assessment	8
C. Recruiting	9
III. BACKGROUND SCREENING AND SELECTING VOLUNTEERS	10
A. Application Process	12
B. Background Screening	13
C. Volunteer Agreement	13
IV. SAFETY AND TRAINING	21
A. Position Hazard Analysis	22
B. Activity Hazard Analysis	22
C. Personal Protective Equipment	23
D. Certification/Licensing and Equipment/Vehicle Operation	23
E. Accident and Injury Reporting Requirements	25
V. MANAGING VOLUNTEERS	26
A. Orientation	26
B. Identification of Volunteers	31
C. Incidental Expense Reimbursement	31
D. Performance Evaluation	31
E. Terminating a Volunteer	33
F. Volunteer Recognition	33
VI. RECORDKEEPING	35
A. Personal File	35
B. Confidentiality	36
C. Volunteers Hours	36
D. OMBIL Reporting	36

VII. PROGRAM EVALUATION

A. Staff Responsibilities	37
B. Types of Evaluation	38
C. Summary	39

APPENDICES

I. APPENDIX A “VOLUNTEER MANAGEMENT PLAN, NEEDS ASSESSMENT, AND RECRUITING”:

- A. Interview Questions (Example)
- B. Inappropriate/Illegal Interview Volunteer Questions
- C. Recruiting Brochures and Posters
- D. Recruiting Through Volunteer.Gov “I Need A Volunteer”

II. APPENDIX B “BACKGROUND SCREENING AND SELECTING VOLUNTEERS”:

- A. Army Directive 2014-23
- B. Personal Security Information Portal Form
- C. OF306 - Declaration for Federal Employment
- D. OF 301 - Volunteer Application
- E. OF301a – Volunteer Agreement
- F. OF301b – Volunteer Group Sign Up Form
- G. Instructions for filling out OF 301, OF301a, and OF 301b
- H. Background Screening Flowchart

III. APPENDIX C “SAFETY AND TRAINING”:

- A. Safety Office Approved PHA’s
- B. AHA (Blank form)
- C. OF 346
- D. DA 348
- E. OSHA 300, 300a, and 301, Work Related Injuries and Illnesses Report

IV. APPENDIX D “MANAGING VOLUNTEERS, RECORDKEEPING, AND PROGRAM EVALUATION”:

- A. August 2016 Implementation
- B. Eng 4882r - Volunteer Service Record
- C. Uniform Items
- D. Uniform Login Information by Lake
- E. OF 1164 - Claim for Reimbursement for Expenditures on Official Business
- F. NRM Assessment Reporting Instructions

V. APPENDIX E “RECOGNITION”

- A. Thank You Letter Example
- B. Annual Pass Program
- C. National Awards
- D. Volunteer Coins

I. INTRODUCTION

A. Purpose

1. The Tulsa District Volunteer Handbook is an essential tool available to all Tulsa District Volunteer Coordinators. It has been designed to serve as a combination training guide and bookshelf reference. Its purpose is to:
 - a. Outline policy and recommended procedures for management of volunteer programs within the Tulsa District.
 - b. Aid in the development of volunteer management plans and needs assessments.
 - c. Provide volunteer recruitment and management guidance
 - d. Define safety and training requirements
 - e. Establish an understanding of volunteer program
 - f. Explain and provide the various forms necessary to properly administer the volunteer program in accordance with existing regulations and record keeping best practices.
 - g. Provide available references, resources, and template documents.

B. Program Goals

Tulsa District seeks to implement a volunteer program that will fully utilize the energy and enthusiasm of individuals and organizations supporting U.S. Army Corps of Engineers. A well-managed volunteer program will assist projects in the accomplishment of operational management plan objectives.

C. Definitions and Responsibilities

1. This handbook is to further develop the Tulsa District Volunteer Program in order to achieve the highest level of success. Most of the project offices will provide general support for the program; however, some may be required to take on a more active role. These roles and their responsibilities are defined below.
 - a. District Volunteer Coordinator (DVC)– The District Volunteer Coordinator serves in two roles – (1) managing the overall District Volunteer Program, and (2) acting as the Volunteer Coordinator for all volunteers at the District Headquarters Office.
 - b. Volunteer Coordinator (VC) – The Volunteer Coordinator is a Natural Resource Specialist or Park Ranger who ensures that the Volunteer Program at his/her assigned project office complies with all regulations and policies. The VC should have a working knowledge of the policies surrounding the Volunteer Program. This individual is responsible for volunteer recruitment,

in-processing, exit evaluation, placement, management, if necessary, termination, and all required documentation for the Volunteer Program. The Volunteer Coordinator shall communicate often with the Lake Manager regarding the Volunteer Program in order to maintain a successful program which meets the needs of the lake. It is recommended that the VC conduct at least two program reviews each year.

i. Additional VC Responsibilities:

- (a) Develop and implement a tracking system for the preparation and archiving of volunteer records that will include, but are not limited to: applications, interview forms, agreements, District Safety Office approved Position hazard Analysis (PHA)/Activity Hazard Analysis (AHA) records, training, specific work performed, assessments and evaluations, and hours worked during the fiscal year;
- (b) Assess and record volunteer work performed to the government for each project and enter this data into OMBIL. Report to project management. (See Section VI – Recordkeeping);
- (c) Maintain a list of projects and project personnel who will supervise the work performed by the volunteers;
- (d) Obtain feedback on the Volunteer Program on a regular basis;
- (e) Lead local project personnel in setting yearly goals through the use of the Volunteer Management Plan and Needs Assessment. (See Section II – The Volunteer Management Plan, Needs Assessment, and Recruiting).

c. Lake Manager/Assistant Lake Manager

d. Staff Members

e. Park Hosts

f. Volunteer – There are many categories of volunteers who perform work for the U.S. Army Corps of Engineers. One type of volunteer may perform work during scheduled events or through local community service projects defining their work as episodic. Another type of volunteer may reside in a designated camping area and perform work in exchange for their campsite during a lengthy period of time defining their work as more long-term.

II. THE VOLUNTEER MANAGEMENT PLAN, NEEDS ASSESSMENT, AND RECRUITING

This section is designed to help the VC and the project staff to determine the project's needs to successfully administer the Volunteer Program. This process should be a team effort. The project staff should have a vested interest in planning and coordinating the plans and workload of the volunteers. Before the volunteers arrive to the project office, the project staff should already have developed both the Volunteer Management Plan and the Needs Assessment.

A. Volunteer Management Plan:

1. The Volunteer Management Plan (VMP) is a document that is similar to the Lake Operations Management Plan (OMP). It should be the starting ground for any volunteer Program and is a brief synopsis of the volunteer program at your lake. Each project office shall have a VMP on file. The VMP shall include, but is not limited to, the following items:
 - a. The volunteer program goals at the project office;
 - b. Who the Volunteer Coordinator (VC) is;
 - c. The VC's responsibilities/duties;
 - d. How the VC will train the staff on the program;
 - e. How recruitment will be handled;
 - f. Overview of safety;
 - g. Requirements of the program (i.e. VMP, Needs Assessment, forms, training, etc.);
 - h. Recommendations (i.e. interview questions, in-processing forms, etc.);
 - i. Volunteer Types (hosts, local clubs/scouts, etc.);
 - j. Position Descriptions; and
 - k. Needs Assessment;
2. Once a VMP is created, it does not have to be updated annually. Updates are done on an as needed basis. For example, if there is a new VC, the VMP would need to reflect those changes.

B. Needs Assessment

1. Each project office should develop a list of specific tasks necessary for accomplishment of project goals. VCs should meet with their managers and the project staff to establish needed tasks and the priority for each task. Each task in the NA should list the estimated number of volunteers and hours

needed to complete the task, the timeframe, location, basic job functions, skills desired, trainings required, and any equipment, supplies, or materials needed to complete the task. A well thought out NA can assist the project to identify and assign tasks quickly and easily. VCs should also meet with the volunteer team regularly checking the status of current tasks and reprioritize tasks as necessary.

2. The NA should include pre-planned projects for any volunteer groups associated with partnership agreements or any one-time events scheduled at the project. This could include, for example, groups such as the Boy/Girl Scouts of America, Equestrian Rider groups, Hike and Bike Clubs, Fishing Clubs, Water Safety Partners, Colleges/Universities, National Public Lands Day, Earth Day, etc.

C. Recruiting

The efficiency and effectiveness of the volunteer program can be enhanced by systematically encouraging recruitment. It is recommended that you develop a recruitment plan for your project's volunteer program. By knowing what the project's needs are, who is responsible for recruiting, and where and when to recruit, it will be easier to fill volunteer positions with the best individuals possible.

1. Job Descriptions

- a. Then NA determines all the tasks wished to be accomplished this fiscal year. It also outlines how many volunteers needed and what skills the volunteers will need to accomplish the task. This information can be used to create the job descriptions for your recruiting process. Job Descriptions shall include, but are not limited to, several key items:
 - i. Job Title;
 - ii. Goals/Description of work;
 - iii. Timeframe;
 - iv. Location;
 - v. Essential functions in the employment context for the concepts of reasonable accommodations, and ability to perform jobs (medical inability);
 - vi. Desired Skills; and
 - vii. Volunteer Coordinator Contact Information.

2. Why recruit?

- a. Tailor the volunteers to the needs of the program, not the program to the volunteers. To most effectively accomplish the goals of a volunteer program find the people with the appropriate skills to reach those goals. Remember: we do not have to accept every volunteer who walks through your door.

3. Who will do the recruiting?

- a. Volunteer Coordinator – Most of the time, the recruiting will be handled by the VC. He/she will be primarily responsible for ensuring the Job Descriptions are created to meet the project's needs and are advertised in a timely and appropriate fashion. The VC is typically the point of contact for interested volunteers, however all staff members should be informed about the importance and need of each new position to ensure that they are able to adequately answer questions from potential volunteers.
- b. Staff Members – All project office Staff Members are involved, in some capacity, in recruiting volunteers. Staff Members understand the procedure for assisting interested volunteers. For example, if the VC would like potential volunteers to fill out an application immediately upon their inquiry of interest, Staff Members should know where to direct a person to find that application. As with all members of the public, professionalism and courtesy are essential to making potential volunteers feel comfortable and welcome. While everyone may be involved at some point in recruiting new volunteers, it is very important for Staff Members to always communicate with the VC before committing to recruiting a new volunteer.
- c. Volunteers – Current volunteers will most likely talk with park visitors firsthand about their experience as a volunteer. Just as with the project staff, volunteers should be informed about how other potential volunteers should contact the VC and about what positions are available. Current volunteers can be great recruiters.

4. Where to advertise for recruits?

- a. Network List – Developing a network of sources for volunteers can greatly decrease recruitment time when a new task arises. Each Project's local VMP should include a variety of local organizations that are interested in volunteering at that Project. Such organizations could include, but is not limited to, local groups such as a fishing club or nationally recognized organizations such as the American Red Cross. The VMP should also include a list of the groups or individuals in the area that would be interested in volunteering. For each potent volunteer or group,

be sure to include a point of contact with complete physical address, email address, and telephone numbers. This list should be updated periodically.

- b. Recruiting Service – Recruitment can be done through an agreed partnership such as the volunteer.gov or Workamper. VC may want to identify 2-4 large scale sources to regularly post volunteer opportunities.
- c. Project website – The project website is also an important tool for advertising current volunteer opportunities and providing easy access to the volunteer application. It can also be used to update current and potential volunteers on what's happening in the volunteer program. Consider keeping the site up-to-date and engaging by providing a glimpse into the personal stories of current volunteers.
- d. Social Media – Utilizing Project or District official accounts with social media sites like Facebook, Twitter, LinkedIn, and others can be great places to recruit potential volunteers. Coordinate postings with the Public Affairs Office (PAO), Office of Counsel (OC), or whomever is assigned to oversee these accounts.
- e. Media – media coverage of volunteer activities can help achieve numerous program goals. Both written and video coverage not only serves as a very vivid recruiting tool but also as a form of recognition for current volunteers. National publications, such as Workamper, are a particularly valuable recruiting tool and should not be overlooked. As part of the VMP, the VC should maintain a record of various media sources and subscriber profiles specific to the project. The list should include addresses, telephone numbers, and contact persons at local print and electronic media sources.
- f. Word-of-Mouth – One of the strong points of a recruiting campaign is the strength of the network within the community. Many times, recruits learn about volunteering in your program from seeing and talking with the current volunteers or visitors in the parks or community. Discussing the program with park visitors is a great way to get the word circulating amongst the camping community. Remember though, negative comments and experiences travel just as quickly through the neighborhood circle as do positive ones.
- g. Flyers and Brochures – These channels of recruiting can be very time-consuming and expensive for project personnel to create and maintain. Printed material, however, can be a appropriate addition to a water safety table or outdoor expo if the VC has the means to develop the material. When developing written material coordinate a legal review of the material with OC before it is printed and published.

5. When to recruit?

- a. An ongoing assessment and schedule of programs and projects can help alleviate last minute stress to find a suitable volunteer for a particular task or project. Depending on the Project's needs, specific times of the year may be ideal for recruiting and screening. For example, the month of January may be the time to do interviews and make selections for summer Park Hosts. It is advisable to make volunteer announcements before January so there will be a pool of best applicants from which to choose. If an unexpected project or task arises, the Network List discussed above can be invaluable for recruiting appropriate volunteers on short notice.
- b. There can be rolling recruitment as well. If there is a constant flow of volunteers coming and going then having a continuous general advertisement may be a good idea. That way there is always a waitlist on which to fall back.

6. Why recruit?

- a. Tailor the volunteers to the needs of the program, not the program to the volunteers. To most effectively accomplish the goals of a volunteer program find the people with the appropriate skills to reach those goals. Remember: we do not have to accept every volunteer who walks through your door.

III. BACKGROUND SCREENING AND SELECTING VOLUNTEERS

A. Application Process

1. OF 301, "Volunteer Service Application:

- b. An OF 301 can be filled out by potential volunteers and used by the project office to determine if there are volunteer opportunities that are a good match for the skills and interests defined. Not every volunteer will fill out an OF 301 application. Some volunteers may simply show up for an event or speak to a volunteer coordinator about opportunities. However: ALL volunteers are required to complete an OF 301a volunteer agreement once they have identified and committed to a specific volunteer activity and location.

7. OF 301a, "Volunteer Service Agreement-Natural & Cultural Resources." Individuals, organized groups and children under the age of 18 may volunteer under a current, signed Volunteer Agreement (OF301a). Group contacts/ liaisons can fill out this form on behalf of volunteers and are required to ensure all paperwork is completed for their group and all minors have parental consent. (Adult volunteers who participate with an organized group may be

signed up on an OF301b form) Parent or guardian consent is required for minors under the age of 18 on the OF 301a. The same requirements for guardian permissions apply for walk-in one day events, such as National Public Lands Day. Any other parental approval forms (school, youth group, etc.) are not acceptable as replacements for the signed OF301a.

A Job Hazard Analysis or Activity Hazard Analysis is a required attachment to the OF 301a for all tasks of the project. The JHA clearly defines practices and procedures including required safety equipment and is designed to promote the safety and well-being of volunteers. Example JHAs can be found on the NRM Gateway. Additional pages may be attached as needed: description of duties, details about reimbursements, etc.

Agreements remain in effect until terminated. However, it is a good practice to review agreements annually and amend or rewrite for accuracy as projects, requirements, reimbursements, and other elements of a volunteer's service may change. Without a signed agreement, individuals or groups cannot volunteer or travel.

Volunteer coordinators should retain a copy of the completed agreement and provide one to the volunteer or volunteer group leader. The volunteer coordinator should keep the original in a secured file cabinet or electronically secured folder during the volunteer service, and for 3 years following termination of service.

A signed Volunteer Agreement Form OF 301a authorizes the individual or group to volunteer and specifies agency expectations, requirements, and any reimbursements. A well-written agreement provides for the safety of the volunteer while clearly describing the service project, requirements, locations, schedules, and other information pertinent to the volunteer service.

OF 301b "Volunteer Sign-up For Groups. This form is to be used when engaging an organized adult volunteer group or holding a group or public volunteer event. It **must** be used with a group agreement (OF 301a) and applicable job hazard analyses. It is not a stand-alone document. Parent or guardian consent is required for all minors. Each minor must be engaged through the OF301a. Same requirements for guardian permissions apply for walk-in one day events, such as National Public Lands Day. Additional pages of the OF 301b may be attached as needed. Provide a copy of the completed OF 301b to the volunteer group leader along with the completed OF 301a.

A complete, detailed description of the duties, conditions, and responsibilities should be attached to each OF 301a. This is important in case questions arise on whether the volunteer was acting within the scope of his/her assigned responsibilities. A PHA or AHA (depending on circumstance) must also be attached to each OF 301a.

If a volunteer, while in the scope of his/her duties, may come in contact with sensitive or Personal Identifiable Information (PII), then the volunteers will need to sign the “Addendum to Volunteer Agreement – Privacy Act Notice.”

OF 301a can be modified at any time by mutual consent, but it must accurately reflect the duties of the volunteers at all times.

The acceptance/termination line at the bottom of the form serves two purposes. It provides the VC 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 law suit or injury claim.

A copy of the agreement along with any revisions or amendments should be given to the volunteer for his/her records. The original should be retained by the Volunteer Coordinator for a three-year period. The inactive file is to protect against possible law suit or injury claim.

A copy of OF 301a, OF 301b, and instructions on filing them out can be found in Appendix B.

8. References

After the application is received, the Project’s VC for the volunteer program should check every applicant’s references. It is very important to verify the information provided in the application. Past experiences are essential when matching a potential volunteer to a position.

9. Interview

- a. Interviewing allows the applicant and the interviewer to determine if there is a good match between their interests. Taking the time to interview and screen volunteers enables the VC and project office to determine if the volunteer has the needed skills, experience, and motivation to perform required tasks and projects for the organization. The interview could be as simple or informal as a phone call.
- b. Before the Interview:
 - i. Review all available information about applicant.
 - ii. Define the project office’s needs and review job description.
 - iii. Formulate questions to bring out the information needed to screen for the volunteer openings. A set of sample questions is available in Appendix A.
 - iv. Inappropriate/Illegal interview questions can be found in Appendix A.
 - v. Schedule adequate time (generally one half-hour) for the interview.

c. During the Interview:

- i. Put the applicant at ease with a warm greeting and appropriate introductions.
- ii. Clarify the purpose of the interview.
- iii. Establish the time frame for the interview.
- iv. If needed, give the applicant a brief overview of the Corps of Engineers and the project.
- v. Ask questions to find out about the applicant's hobbies, interests, past jobs, motivators, dislikes, etc.
- vi. Share information about possible volunteer opportunities for which he/she might be suitable.
- vii. If there are several applicants for the same position, ask each of them the same core questions.
- viii. Provide each applicant the necessary information about project or task requirements, hours of service, place and conditions of work, training, clothing requirements, opportunities offered, and level of supervision to be expected.

d. Close the Interview:

- i. Review and summarize the interview and share what the next steps will be and inquire whether all questions and concerns have been addressed.
- ii. Finally, in closing the interview the applicant should be thanked for his/her time and interest in the organization. Ensure that the interview responses are written down and notes taken in reference to the question responses. Then place in the applicant's file. Complete and accurate recordkeeping will help maintain a file of potential volunteers and their particular skills and expertise.

B. Background Screening

10. VC's shall practice due diligence in screening volunteer candidates to assure the safety and security of USACE employees, contractors, and the public. Volunteer coordinators will work with their DVC to obtain background/security checks and ensure proper procedures are followed.
11. Background screening should be completed as needed for certain volunteer positions with high public contact, such as campground hosts, gate attendants, visitor center, hosts, interpreters, and other similar positions. Volunteer Coordinators shall work with the District Security Specialist to obtain a

background screen and ensure proper procedures are followed. The Volunteer Coordinator needs to initiate a background screen immediately after an offer is accepted. Do not wait until a volunteer arrives at their assigned duty station to initiate a background check. This may result in notifying the volunteer that they are prohibited from participating in the District Volunteer Program due to information found in their background check. A volunteer's appointment may also be delayed until all necessary paperwork is submitted, and a background screen has been initiated.

12. Per the Implementation Guidance for Section 1047(d) Services of Volunteers, of the Water Resources and Reform Development Act (WRRDA) of 2014 Public Law 113-12,. If the volunteer service extends for more than one year, a new background/security check must be performed each year. USACE staff at Project's may share background/security checks for volunteers who serve at multiple locations. Background security checks will be required for any individual volunteering in one or more of the following scenarios, and will be effective for a maximum period of one year,
 - a. Individuals who volunteer for more than 180 days in a calendar year.
 - b. Volunteer positions that require wearing the USACE volunteer clothing/name tag who work independently of USACE personnel.
 - c. Volunteer positions that require access to government files and records
 - d. Volunteer positions that require collection or handling fees.
 - e. Volunteer positions that require access to Corps networked computer (the Implementation Guidance for Section 1047(d) for additional requirements).
 - f. Volunteer positions that involve regular contact with children under 18 years of age without a parent or guardian present, or which do not require that volunteer to work under constant line of sight supervision (LOSS) by USACE personnel who have been screened in accordance with Army Directive 2014-23.
13. The Volunteer Coordinator has the right to require additional background screenings at any time. All information received as a result of a background screening will be held in confidence and handled according to Privacy Act regulation. Components of a background screening include, at a minimum:
 - Social security number verification to help eliminate the possibility of false names/information.
 - Address trace to verify volunteer's current address and to determine jurisdiction in which to conduct the background screening.

- State or county criminal history checks to capture all misdemeanor and felony convictions within the jurisdictions identified in the address trace.
 - Sex offender registry to search all 50 states for known sex offenders.
14. Per the Implementation Guidance for Section 1047(d), background/security checks may be conducted, but not required for any of the following:
- a. Individuals who volunteer for one-time events;
 - b. Individuals who volunteer for less than 180 days in a calendar year and who do not meet any of the scenarios as described in section 3 a though hf
 - c. Volunteers who only work under LOSS by USACE personnel
15. All screens will be good for one year. All disqualified individuals have the right to dispute the findings of the background screening directly with the company providing the screening service. Tulsa District retains the right to require additional background screens at any time. The VC has the discretion to accept or refuse services from a potential volunteer based on the findings of the background screen.
16. To process a required Background Screening, the following steps should be followed:
- a. The following background screening process will be completed in sequence.

Step 1. The Volunteer Coordinator will need to concurrently contact the Operations District POC, and request that a background screen be processed for the volunteer in question.

Step 2. Send the following information about the volunteer through an encrypted email to the District Personnel Security Specialist to check if a previous background screening has been completed:

 - Full name
 - Date of birth
 - Social security number

The District Personnel Security Specialist will use this information to see if the volunteer in question has received a Federally-approved background screening in the past. This may be the case if the volunteer was a former military or Federal employee. The District Personnel Security Specialist will notify the Volunteer Coordinator of their finding. If a volunteer has not received a Federally-approved background screening in the past, proceed to steps 3 and 4, which can occur in sequence, to initiate a background investigation.

Step 3. Have the volunteer contact the District Personnel Security Specialist to schedule fingerprinting. The District Security Office requires two original fingerprint cards. Photocopies and electronic versions will be rejected by the center. The ORI section on the cards should be left blank. If the volunteer is unable to travel to the District headquarters for prints, he or she may go to the nearest Corps of Engineers District office or local law enforcement agency for fingerprinting and have them mailed to:

District Security Officer
U.S. Army Corps of Engineers
Tulsa District
2488 E. 81st Street
Tulsa, OK 74137
Office: 918-669-7326

Step 4. Provide the following information to the District Personnel Security Specialist, along with the two original fingerprint cards, to initiate a background investigation through the Personal Security Investigation Center of Excellence (PSI-CoE):

- Completed copy of OF 306, Declaration for Federal Employment (see appendix B).
- Completed copy of Personal Security Information Portal Form
- Volunteer's resume. (If volunteer does not have a resume, provide volunteer's full name, address, email address, and phone number.)
- Copy of either a US Birth Certificate, US Passport, or Naturalization Document Copy of Driver's License
- An SF85 Required Information by Section Checklist form will be provided to the volunteer to complete. This form will be for the volunteer to use,

Once the District Personnel Security Specialist initiates a background investigation, the volunteer will be contacted by the Electronic Questionnaires for Investigations Progressing (EQIP)/ Personal Security Investigation Center of Excellence (PSI-CoE) with detailed instructions for completing the EQIP questionnaire. The volunteer will have five business days in which to transfer the information from the SF85 into the E-QIP site. Having the completed SF 85 on hand will help facilitate the completion of the EQIP questionnaire.

Once submitted, the applicant will begin to receive emails from PSI-COE with further instructions.

Remind volunteers to take the time to ensure their PSI-CoE 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.

Step 5. Once the investigation is initiated, the volunteer is responsible for all future correspondence with the District Personnel Security Specialist. Failure to meet suspense dates provided can result in termination of investigation and a significant delay in access.

Step 6. After the volunteer has submitted all required information without errors, the District Personnel Security Specialist will forward the request to the Office of Personnel Management for processing.

Step 7. When the Office of Personnel Management opens the investigation and the District Personnel Security Specialist has cleared the volunteer, he or she will be allowed to work independently as a representative of the Corps or in a position of public trust.

Step 8. Notification that the individual is prohibited from participating in the District Volunteer Program shall be sent or delivered to the individual by the Volunteer Coordinator as soon as that determination has been made.

Anyone not accepted due to information in a background screening cannot reapply for another volunteer position. The complete profile may be provided directly to a disqualified individual upon request. All disqualified individuals have the right to dispute the findings of the background screening directly with the U.S. Office of Personnel Management.

The existence of a criminal conviction does not automatically disqualify an applicant from being a volunteer, unless the conviction is for a violent crime, a crime against a person, or a crime involving the use of a weapon. Volunteer Coordinators are expected to make good decisions regarding an applicant's background and potential duties and responsibilities to be assigned.

- b. All information received as a result of a background screen is strictly confidential. Screening results for all applicants shall be provided via Department of Defense e-mail or other secure method to the designated VC or the field office that submitted the request. Screening forms and results shall be secured at all times so that they are only seen by those determining volunteer eligibility and the individual volunteer to who the information pertains.

- 17. Persons unwilling to submit references or allow a background check should be red flags in the interview process.

18. Automatic Disqualifiers for Participation in Tulsa District Volunteer Programs per the Implementation Guidance for Section 1047(d):

- a. Persons who have 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.
- b. Crime against another person
- c. Any other disqualifiers set by the local Volunteer Coordinator should be in writing and added to the local Volunteer Management Plan.
- d. Falsification of information on any volunteer application or the consent/release form is grounds for denial of participation in the program or termination of an existing volunteer agreement.

19. Off-duty USACE personnel (i.e. in their personal capacities) and their families may be volunteers; however, USACE personnel will not be accepted as volunteers for any USACE installation for a program in which they are employed.

D. Computer Access – Temporary Computer Access and Volunteer Logical Access Credential (VOLAC) Card.

Volunteers may be authorized to operate Government computers connected to Department of Defense (DOD) networks, subject to all applicable Federal regulations, local policies, U.S. Army Chief Information Officer (CIO) and Deputy Chief of Staff, (G-6), and AR 25-2, Information Assurance, requirements. Volunteers requiring computer access must be issued a Volunteer Logical Access Credential (VOLAC) card. A CVS VOLAC Program Overview PowerPoint is on the District's Volunteer Program SharePoint site.

Temporary Computer Access. Until a VOLAC card is issued, a volunteer may be issued temporary computer access, not to exceed 60 days. Access will be limited to Microsoft Office, including Outlook, Internet, and the applicable local network drives. The volunteer will be assigned a temporary user ID and password to log onto an assigned Government computer.

Step 1. A volunteer background investigation must be initiated and cleared by the District Personnel Security Specialist prior to submitting a request for a temporary user ID and password.

Step 2. Once the background investigation has been initiated and cleared, the Volunteer Coordinator will submit a request for a temporary user ID and password by establishing a new U-PASS and Network Account through an CIO/G6 ServiceTrak request.

Step 3. After a new U-PASS and Network Account has been approved, CIO/G6 will send an email to the originator of the ServiceTrak request with the volunteer's temporary user ID and password that the volunteer will use to log onto the assigned Government computer.

Step 4. The volunteer will use the temporary user ID and password until the VOLAC card is issued.

Volunteer Logical Access Credential (VOLAC) Card Issuance Process

Step 1. Volunteers must meet the following requirements to obtain a VOLAC card.

- Require frequent access to a DOD network to perform his/her volunteer duties.
- Be a U.S. citizen.
- Be registered in the Defense Enrollment Eligibility Reporting System (DEERS) through the Contractor Verification System (CVS).
- Receive a favorable Tier 1 (T1) investigation. A credential may be issued upon submission of the T1 and upon favorable completion of the FBI National Criminal History Check (fingerprint check). The Volunteer
- Coordinator will work concurrently with the District Personnel Security Specialist and Tulsa District Operations POC in completing the Tier 1 (T1) investigation.
- Be eligible for a DOD sponsored unclassified network account through Army Knowledge Online (AKO).
- Agree to be photographed and have fingerprints taken and stored in the volunteer's DEERS record.

Step 2. A certified Trusted Agent (TA) will complete the following procedures in order to issue VOLAC cards to eligible volunteers:

- The eligible volunteer will submit a request for a VOLAC card to the operating project TA.
- The VOLAC TA will review the request, create a volunteer record in CVS, and then notify the TASM to complete the request in CVS.
- The TASM will complete the application and return it to the operating project TA for verification and approval in CVS.
- The volunteer will be notified to report to the servicing DEERS/RAPIDS ID Card issuance facility for VOLAC issuance.
- Volunteer Access Cards expire after 180 days, but may be renewed automatically.

- At the end of a volunteer's service, the VOLAC card must be returned to a RAPIDS ID Card issuance facility for disposition, and access revoked in the CVS system.

IV. SAFETY AND TRAINING

Volunteers will be provided a work environment which is, in all respects, equivalent to that provided for Corps employees performing similar duties. This must be especially true in the area of safety. The volunteer coordinator should work closely with the project office or project safety officer to assure that all safety requirements (EM 385-1-1 and others) are met for volunteers. Remember, volunteers are expected to receive the same training as an employee IF the volunteer will be performing a task that requires the mandatory training (i.e. entering a confined space, coming in contact with hazardous energy, etc.).

E. Position Hazard Analysis (PHA)

1. Position Hazard Analysis (PHA) is a document that addresses and analyzes all the risks of a particular occupation job series of position. It reviews the tasks that the position will most likely perform, the hazards associated with those tasks, the necessary personal protective equipment (PPE) needed for the tasks, and the correct actions to take to minimize the risk of injury to the employee of volunteer or to others. It also lists any training that is required for the position and tracks the trainings once complete.
2. An "approved" PHA must be in place prior to any work being performed by the volunteer! "Approved" means that the PHA has been reviewed by the Safety Office and has been authorized to use. Several PHA's have already been approved by Safety Office and can be found in Appendix C.
3. Each volunteer shall be provided with an approved PHA and should review and become familiar with the hazards associated with their position and should utilize the information on the PHA prior to the performance of their tasks. Some volunteers may perform work in several different series. For example, someone may perform office duties in the morning and maintenance duties in the afternoon. If a volunteer falls into 2 or more positions, they should be provided with all applicable PHA's, or a specialized PHA can be created but must be approved by the Safety Office.
4. Each volunteer's PHA shall be reviewed and updated annually (or if the volunteer changes positions) and must be signed by the VC and the volunteer. VC's should always verify with the Safety Office that they are using the most current version of the approved PHA prior to assigning the PHA to the volunteer. Once the PHA has been reviewed and signed by all, they shall be filed in the individual volunteer's personnel record.

F. Activity Hazard Analysis (AHA)

1. An Activity Hazard Analysis (AHA) is similar to a PHA but it focuses on a specific activity. An AHA details the hazards and safety requirements of a specific task such as the operation of a chainsaw or operation of a lawn mower.
2. An AHA shall be used for any task not covered within the PHA. The onsite supervisor shall assure that the AHA is reviewed and signed by all involved persons (staff members and volunteers) prior to the performance of any work associated with the activity. Signed AHAs shall also be kept in the volunteer's personnel record.
3. Properly implemented, the Position Hazard Analysis (PHA) and the Activity Hazard Analysis (AHA) can be excellent management tools. Improved work methods can result in reduction of property damage costs, worker's compensation, tort claims, and absenteeism. Through familiarity with both the PHA and AHA for any particular task, the volunteer will:
 - a. Realize the hazards involved
 - b. Know how to protect him/her self from the hazards
 - c. Understand the proper procedures necessary for safe completion of the task

G. Personal Protective Equipment (PPE)

All personal protective equipment (PPE) that will be furnished to, or utilized by, volunteers shall be included in the Needs Assessment. These items should also be covered in the PHA or AHA for each task. Remember, if an employee would or should be provided a safety item then a volunteer should also be provided the same items (e.g. - work gloves, eye protection, dust masks, etc).

H. Certifications, Licensing, Equipment/Vehicle Operation

1. The August 2016 Implementation Guidance for Section 1047(d) authorizes volunteers to operate government vehicles and equipment. However, the Project Manager will make the determination at each lake project.
2. Volunteers shall be properly trained for any specialized task they perform or if they will operate or use any specialized equipment. Equipment training must be documented on the OF 346 and DA 348 forms. The purpose of the OF 346 is to summarize the equipment certifications into categories allowing the DA 348 form to specify in detail each piece of equipment in which the volunteer was trained.
3. All lake project Offices shall have an Equipment Training Folder for both employees and volunteers. The Equipment Training Folder includes the full

training standards for each piece of equipment listed below Remember, volunteers must receive the same training as an employee prior to the task being started. Equipment requiring training and their categories are listed below:

- a. Air Tools: Air Compressor, Portable Air Compressor, Air Chisel, Air Die Grinder, Air Impact Wrench, Air Jack, Air Nail Guns, Air Post Driver, Air Ratchet, and Air Sander
 - b. Shop Tools: Band Saw, Bench Grinder, Chop Saw, Circular/Skill Saw, Concrete Saw, Drill Press, Electric Pressure Washer, Electric Pump Sprayer, Fuel Powered Pressure Washer, Generator, Hammer Drill, Jack Hammer, Lathe, Miter Saw, Pipe Threader, Radial Arm, Saw, and Table Saw
 - c. Heavy Equipment: Backhoe, Backhoe with Forks, Backhoe with Road Broom, Bulldozer, Bulldozer with Fire Plow, Bulldozer with Root Rake, Motor Grader, Personnel Lift, Rubber Tire/ Track Loader, Skid Steer with Bucket, Skid Steer with Auger, Skid Steer with Backhoe, Skid Steer with Broom, Skid Steer with Dozer Blade, Skid Steer with Grapple, Skid Steer with Hydro Axe, Skid Steer with Pallet Fork, Skid Steer with Tree Shear, Skid Steer with Trencher, Track hoe, Tractor, Tractor with Auger, Tractor with Batwing Bush Hog, Tractor with Blade, Tractor with Box Blade, Tractor with Brush Hog, Tractor with Disc, Tractor with Drag, Tractor with End Loader, Tractor with Finish Mower, Tractor with Grapple, Tractor with Rake, Tractor with Spreader, Tractor with Tiller, and Trencher
 - d. Landscape Equipment: Chainsaw, Pole Saw, Riding Lawn Mower, and Zero Turn Mower
 - e. Trailers: Trailer, Dump Trailer, and Water Tank Trailer
 - f. Trucks: Bucket Truck, Dump Truck, and Fire Truck
 - g. Welding/Cutting Equipment: Cutting Torch, Plasma Cutter, and Welder
 - h. Miscellaneous: Tamper/Vibratory Plate Compactor, and Fuel Tank
4. If volunteers will be using “Common Tools” such as hammers, hand drills, screwdrivers, hand saws, pruners, etc. then they must at a minimum attend a safety meeting which discusses the hazards of such common tools. Volunteers shall attend for all the monthly safety meetings. Be sure to document any training a volunteer receives and keep a copy in his/her personnel file.
 5. Listed below are additional certifications currently offered to volunteers in SWF: (NOTE: These specialized trainings are NOT a part of the trainings

listed in Section D-3. They have their own certificates or documentation once completed).

- a. Defensive Driving Course - Must be completed by any volunteer who will drive a government vehicle. The course is offered on-line and can be accessed by contacting the District Safety Office. NOTE: If a volunteer will be operating a government vehicle, it MUST be stated on his/her Volunteer Agreement Form.
- b. First Aid and CPR Certification -Volunteers who are in close contact with the visiting public are encouraged to take a First Aid and CPR Certification Course. Contact the local Red Cross Chapter for more information and course options.
- c. All-Terrain Vehicle (ATV) Operators - Must be completed by any volunteer utilizing ATVs, Mules or other off road vehicles. Check with local trainers for next course offering.
- d. Motorboat Operator Licensing Course (MOLC) – MOLC is for any volunteer operating a vessel, however, not required to ride along in a vessel. (Space in this course is reserved for employees first).

I. Accident Reporting Requirements

- 1. Sometimes, despite the most intensive safety efforts, accidents happen and volunteers may be involved. In cases which result in personal injury or property damage, the same emergency actions and procedures applicable to Corps staff members will be undertaken regarding volunteers.
- 2. An Accident Reporting Flow Chart and other forms are located on the District Intranet site.
- 3. Reporting Injuries
 - a. File the proper accident and injury forms (DA Form 285 AB CA-1, CA-16, etc.) and keep a copy of all forms in the volunteer's personnel file.
 - b. Complete appropriate incident/accident reports involving volunteers immediately and through proper command channels. Retain a copy of all reports in the volunteer's personnel file in addition to files kept for the project.
 - c. For any injury requiring medical attention complete a CA-16 and send it with the injured volunteer when they seek medical attention. (This will allow the proper Workman's Compensation claim to be made). Submit CA-1 and CA-16 along with accident report to the L. Volunteers receive the same benefits as federal employees and the same emergency procedures should be followed. On Eng. Form 3394 (US Army Corps of

Engineers Accident Investigation Report) be sure to select “Volunteer” in box 2.h.

4. Incidents Caused by Volunteers

- a. Volunteers working within the scope of their duties may injure someone else or cause damage to someone’s property.
- b. Volunteers are covered for tort claims the same as paid employees.
- c. Fill out Eng. Form 3394 US Army Corps of Engineers Accident Investigation Report (be sure to select “Volunteer” in box 2.h.) and submit through normal channels. Keep a copy in the volunteer’s personnel file.

5. Supporting Documentation for Incidents and Claims

- a. In the event In the event of a claim it will be important to have accurate records of the following items:
 - i. Volunteer’s qualifications for the job as supported by Application OF 301, interview notes, background screening report, and Volunteer Agreement OF 301a. (See Section III – Screening and Selecting Volunteers and Appendix C for more details). All of these items must be in the volunteer’s personnel file.
 - ii. Volunteers working hours/dates (use ENG Form 4882 – Volunteer Service Record found in Appendix D (or similar) and file each one in their personnel file.
 - iii. Volunteer’s training should be documented on the OF 346 and DA 348 forms and kept in his/her personnel file.
 - iv. PHA and subsequent AHA’s should have been filled out and signed by the volunteer before beginning each specific task. Those should also be filed in his/her personnel file.

IV. MANAGING VOLUNTEERS

J. Orientation

- 1. If volunteers are viewed in the same capacity as staff members when they first report for duty, it will be easier to realize the need for orientation and training. When a new team member reports for duty, the order of the day becomes orientation.
- 2. Orientation must begin at the project office or individual’s worksite.
- 3. Corps volunteer orientation to volunteer program

- a. Volunteer support and “buy-in” is critical for a successful volunteer program. If your team members do not understand the importance of the volunteer program to the project mission, then your program cannot be successful. By familiarizing your team members with the volunteer program policies, procedures, and benefits, team “buy-in” can be achieved.
4. Orientation for group volunteers or volunteers working on an episodic project
- a. If you are assigned a volunteer group or project to oversee, be sure that before you get started that any equipment or supplies that the Corps is providing is on site and that work can begin quickly.
 - b. Welcome the person and/or group and thank them for their time and contributions. Be sure to impart to them how important their work will be to our federal lands and natural resources.
 - c. Ensure that Volunteer Agreements (OF 301a) have been completed and turned in. And, if applicable, parental consent forms have been completed for minors, and a full list of volunteers is on hand for group projects.
 - d. Cover basic information with the volunteers, such as where they can park their vehicle, hang up their coat, store or purchase a lunch, or get something to drink.
 - e. Discuss the duties and specifications of the work to be done, along with the Activity Hazard Analysis (AHA) and safety concerns. (If a group is volunteering, only one AHA is needed for the entire group).
 - f. Get started! Volunteers don’t want to waste their time any more than you want to waste yours.
 - g. At the end of the day or project: Thank the volunteers for the important work they have done, allow for feedback or questions, invite them to participate on future projects, and offer recognition of a job well done through various available means.
5. Orientation for Long Term Volunteers
- a. Orientation can be performed by any team member familiar with the program.
 - b. USACE Missions
 - i. Most people are unfamiliar with the various missions of the U.S. Army Corps of Engineers. Take the time to introduce your volunteers to these missions, and how the work they are doing will be aiding USACE in accomplishing these missions, be it Flood Risk Management,

Natural Resource Management, Hydropower or Recreation. Make the volunteer feel like part of the team.

c. Project Overview

- i. Lakes – Discuss the history of the lake where your volunteers will be working, when and why the lake was built, and other site-specific details. To aid in their learning of this material, it is recommended that an information sheet be provided to each volunteer, outlining some pertinent historical facts. Give the volunteers lake maps and allow them to orient themselves. Provide assistance when requested. Give “Hot Topics” for your project and talking points on how to answer specific questions.
- ii. Parks Operated at the Project - It is important that the volunteers become familiar with the names, locations and policies of each park facility operated at their lake. Take the time to go over this information using lake maps, park maps, and other local project resources to aid in this process. Once again, it is recommended that an information sheet be provided to each volunteer for use as a quick reference tool.
- iii. The Project Team and How the Team Fits Together
 - (a) Volunteer Coordinator - Explain the job of the Coordinator.
 - (b) Other Staff - When at all possible, introduce the volunteers to the current team members including summer hires. Explain the programs for which each team member is responsible.
 - (c) Volunteers - Introduce your new volunteers to any other volunteers that you may currently have working at your project. Encourage them to work together and learn from one another, and once again, discuss how the volunteers are valued members of the team at your project.
 - (d) Management - When at all possible, introduce the volunteers to the current management at your project.

d. Why Volunteers are Important to the Success of the Corps

- i. Most people who decide to become volunteers do so because they want to give back to their community and country. Volunteering at federal lands gives them this opportunity. Make sure that you thank them for their time and effort. If necessary, explain how shrinking budgets and rising costs have made volunteers even more important today than ever before.

- ii. After covering a national perspective on volunteering, begin focusing on your project and the volunteer program. Discuss how volunteers impact the local area with the work they accomplish, and what work remains to be done.
- e. General Duties of the Volunteer Position
 - i. Model Campers: Discuss the importance of being a model camper with your volunteers. Cover the concept of customer service, and how to properly represent the Corps to the public, as well as applicable sections of Title 36 and additional park-specific rules. Also discuss site cleanliness and if necessary, the importance of good personal hygiene.
 - ii. Safety: See Section VI
 - iii. Once again, cover how to contact the VC or other project staff, and when it is appropriate to contact them. If warranted, provide a copy of ranger schedule and phone numbers to the volunteers.
- 6. Orientation of Returning Volunteers
 - a. The Project Volunteer Coordinator should arrange to meet the volunteer(s) when they are scheduled to arrive at the park or office. If not available, then another staff member or volunteer familiar with the program can step in to assist. The Volunteer Coordinator should then follow up and welcome the volunteers as soon as possible. Thank them for coming and welcome them to the team.
 - b. If offering a campsite for their services, be sure that their site has been selected, and is cleaned and ready prior to their arrival.
 - c. Let them know how to contact the Volunteer Coordinator if they need anything.
 - d. Let them know when you want to begin their orientation and training (develop an Individual Training Plan). Be sure they have at least one full day to get settled in before starting training.
 - e. Provide directions for local grocery stores, laundromat, hospitals, churches, post office and entertainment.

K. Identification of Volunteers

- 1. Tulsa District volunteers shall be identified as outlined in the Implementation Guidance for section 1047 (d). They shall be provided with shirts, outerwear, hats, and nametags as dictated by their job duties and as outlined in these guidelines. It may be necessary to designate a different means of identification for each work category of volunteer. Some project offices may elect to use a variety of uniform colors to designate different positions. For instance, park

hosts and volunteer gate attendants may be afforded a complete volunteer uniform. Relatively long-term maintenance volunteers may be afforded a ball cap and name tag. Short-term volunteers who do not come into contact with visitors may not need to be identified.

2. Clothing items may be provided only if essential to a volunteer's specified duties, such as in cases where clothing items are needed for safety reasons or when volunteers must be easily identifiable to Corps employees or the public. Clothing items may not be provided if intended solely to increase morale or aid in volunteer recruitment and retention. Proper volunteer identification substantially contributes to the volunteer's ability to safely and effectively perform official duties in support of the Corps Civil Works program.
3. Official Corps volunteer clothing items must be purchased from the Corps' uniform contract provider. Items such as vests, polo shirts, sweatshirt jackets, ball caps, nameplates, and volunteer patches are available from the Corps' vendor, and may be changed periodically if beneficial for promoting a positive image for the Corps. These items are recommended for volunteers who provide an on-going service in public positions including, but not limited to, park hosts, visitor center staff, program presenters, and more. Local purchase of similar items to the contract, but in different colors, is not authorized.
4. Several different items and multiple quantities of the same item may be provided and worn by the same individual to allow for a variation of duties, weather, clear identification, and to allow the individual to maintain a neat and clean appearance each day.
5. For volunteers performing maintenance duties, volunteer t-shirts may be ordered from a local vendor with the Corps logo and the word "Volunteer". T-shirt colors must be similar to those offered under the uniform clothing contract, with the exception of safety colored shirts and reflective materials for visibility.
6. Volunteers are not authorized to wear the Corps Natural Resources Management (NRM) uniform patch or any other item of the official NRM Class A-B-C Park Manager/Ranger uniform.
7. Nametag: A nametag is recommended for use with both the formal and work shirt anytime the volunteer may be interacting with the public. The volunteer's first name should be centered with the volunteer's title below. The nametag should be worn on the right breast of both shirts.

8. Vehicle Identification

- a. If a volunteer is driving his or her personal vehicle to conduct official business, it is required that the vehicle be marked with a magnetic door decal that identifies the vehicle as a volunteer vehicle.
- b. If a volunteer is driving a government vehicle, the government vehicle shall be marked with a magnetic door decal that identifies the vehicle as a volunteer vehicle.

9. Procurement...

- a. Name tags, patches, polo shirts, hats and some other items may be purchased from the uniform web site following the directions below. At this time, tan t-shirts are not offered by the uniform company and may be purchased by the project separately.
- b. In order to order Corps Volunteer clothing items:
 - i. Go to www.vfsolutions.com/lma
 - ii. Click on the Corps of Engineers banner
 - iii. Enter account number and password in CAPS:
 - (a) This is 3 letters for district and 2-3 letters for project
 - (b) Example: LRNOLD = Nashville District (LRN), Old Hickory (OLD)
 - iv. Click on “Login”→ “Continue”→ Volunteer Program in on the left.
 - v. Use the government VISA credit card to make the purchase.

L. Incidental Expense Reimbursement

The determination of what is a reimbursable expense and what is not should be made at the project level by the Accepting Official, with input from the VC and other project staff involved in the management of the Volunteer Program. Once a decision has been made on what will be a reimbursable expense, an Incidental Expense Reimbursement Plan shall be developed.

M. Volunteer Performance Evaluation

1. Experienced leaders and directors of volunteer programs have observed over and over again that lack of feedback and direction can drain the energy from a volunteer program. Directly stating goals and holding people to reasonable standards in achieving them is essential to the continuing success of volunteer projects.

2. Volunteers, just like employees, need to know how they're doing. They need to know that their work is appreciated and necessary, and therefore they must have frequent feedback from supervisors regarding their work. The way the evaluation process is conducted may well be different when the subject is volunteer performance, but the need for doing it is no less strong.
3. The evaluation process is the specific feedback of the volunteers' performance based on the expectations outlined in the job description. A leader knows that the volunteer isn't being evaluated – the volunteer's performance relative to goals is. The person is being given feedback on specific contributions or shortcomings, with information related to enhancing future contributions. The process should be constructive, friendly, and directly related to the tasks the volunteer has done or tried to do. Don't wait to evaluate until corrective action is required. Think of the evaluation process as a big dose of prevention and a way to give recognition and encouragement to individuals.
4. Remember, volunteers are there because they want to accomplish something and do it well. A good supervisor coaches volunteers to do their best, just as he/she does with team members. Keep volunteer coaching focused on the positive and word all constructive criticism carefully. Successes must be praised, and failures must be tactfully corrected.
5. Conducting the Evaluation
 - a. The evaluation session should be a two-way meeting. It is your chance to talk about the volunteer's performance, giving praise and possibly suggestions for improvement. It should also be the volunteer's opportunity to talk about how their participation can be enhanced, which might even include discussing their moving to a new volunteer position/location. Don't be insulted if a volunteer wants to see another area of the state/country. If you support them and encourage their volunteer participation elsewhere they may return to your program at a future time.
 - b. There are two basic reasons for conducting a volunteer evaluation:
 - i. To help the volunteer work towards their full potential
 - ii. To help the organization better involve volunteers
 - c. The easiest method of conducting the evaluation session is to:
 - i. Review the past
 - ii. Analyze the present
 - iii. Plan the future

6. Some suggestions:

- a. Don't get overwhelmed by forms. Forms are helpful, but they are not the major concern during the discussion.
- b. Start with the job description. Begin by finding out if it in fact describes what the volunteer has been doing. Take notes so that you can adjust it closer to reality.
- c. Stick with the basics: job proficiency, working relationships, comparison with the last review.
- d. Listen as least as much as you talk. When you schedule the session with the volunteer, tell them this is their opportunity to evaluate the volunteer program and you want their ideas on how to make things better both for them and for other volunteers.
- e. Remember that the evaluation may show as much what you need to do as it does what the volunteer needs to do.
- f. Sample Individual Volunteer Evaluation Forms and a timetable for their use is included in Appendix D.

N. Terminating a Volunteer

1. "...I also understand that either the government or I may cancel this agreement at any time by notifying the other party." (Eng 301a Volunteer Agreement)
2. Volunteer agreements remain 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. The agreement for volunteer services may be terminated at any time by the volunteer coordinator or the volunteer. (Implementation Guidance for Section 1047 (d)).
3. It is requested that volunteers who intend to resign provide advance notice of their departure and a reason for their decision. Exit interviews, when possible, should be conducted with volunteers who are leaving their positions. The interview should ascertain why the volunteer is leaving the position, suggestions the volunteer may have to improving the position, and the possibility of involving the volunteer in some other capacity or again in the future.
4. There are times when the dismissal of a volunteer is necessary to maintain the credibility, integrity, and/or safety of the volunteer program. While the volunteer agreement allows for termination at any time without cause, it is important to counsel the individual to maintain the credibility of the program.

No volunteer shall be terminated until the volunteer has had an opportunity to discuss the reasons for dismissal with the Volunteer Coordinator.

5. Local policy shall specify general reasons for possible or immediate termination. Reasons could include:
 - a. Insubordination
 - b. Failure to follow agency policies and procedures.
 - c. Failure to satisfactorily perform assignments.
6. Volunteers should understand from their introduction to the program that the following are grounds for immediate dismissal:
 - a. Infractions of regulations
 - b. Violations of the law
 - c. Other unsafe or inappropriate conduct
 - d. Being under the influence of alcohol or drugs while working
 - e. Theft or property misuse of agency equipment or materials
 - f. Abuse or mistreatment of another individual
7. If the volunteer arrangement is clearly not working to the benefit of the project and no other appropriate role is acceptable to both parties, then it is time to terminate the agreement. A letter should be presented to the volunteer that formally cancels the volunteer agreement and thanks the volunteer for positive contributions to the program. Volunteers receiving campsites must clean, restore, and vacate their site in a specified amount of time.

O. Volunteer Recognition

1. Awards and other forms of recognition take on additional importance in a program where participants are not compensated monetarily. Good records will indicate when volunteers have surpassed milestones set up for various volunteer awards.
2. Allowable forms of awards and recognition of volunteer services are defined in the Implementation Guidance for Section 104(d).
3. "Projects are encouraged to show appreciation for volunteer services received. Volunteers may be issued a certificate of appreciation to acknowledge their service. Volunteers may be eligible for Department of Defense Public Service Awards. Volunteer coordinators/ supervisors may also nominate their volunteers for special awards of appreciation by sources outside the Corps. Special Act Awards are not authorized for volunteers."

4. *Appropriated funds are not approved for any volunteer recognition. An association may purchase on our behalf.*
5. There are also additional volunteer recognition programs available. These include the following:
 - a. The Volunteer Pass Program: The Volunteer pass program provides individuals who have volunteered more than 100 hours with a free USACE annual day use pass. More information on the volunteer pass program can be found on the NRM Gateway at <http://corpslakes.usace.army.mil/employees/volunteer/pass.cfm>
 - b. The Corps' Foundation Volunteer Recognition Coin. These coins will be available to our most outstanding volunteers through two avenues:
 - i. National volunteer award program: Each year in the fall, we will send out a request for nominations allowing each Division to submit up to 2 nominations for the national volunteer award, and an additional 3 nominations for regional recognition. The overall national winner of the award will receive a plaque (also provided by the Corps Foundation), coin, and certificate. The remainder of the regional nominees will receive a coin and certificate.
 - ii. Special extraordinary accomplishments by a volunteer: Each PAC team member will be given 10 coins to give out within their MSC at their discretion for outstanding volunteer actions. An example might be if a volunteer plays a role in saving someone's life in a park, or something else out of the ordinary day to day operations. We did not develop specific guidelines or criteria for this first year, as this is a pilot program. Contact your PAC team representative if you have a volunteer that might be a good candidate for this recognition. <http://corpslakes.usace.army.mil/partners/pdt-members.cfm>
 - iii. The President's Volunteer Service Award: The President's Volunteer Service Award recognizes United States citizens and lawfully admitted, permanent residents of the United States who have achieved the required number of hours of service over a 12-month time period or cumulative hours over the course of a lifetime. For more information. Please visit the website at <http://www.presidentialserviceawards.gov/>
6. The importance of properly recognizing the work and efforts that your volunteers have put into your project also extends beyond their own personal gain. Happy volunteers can be the best recruiting source for your program. Word of mouth can spread quickly, and if a volunteer feels they are appreciated, that volunteer will more than likely recruit other volunteers.

V. RECORDKEEPING

Recordkeeping is of the utmost importance to the management of a successful volunteer program. Developing a recordkeeping policy is critical to managing a volunteer program with consistent, accurate, and updated records. In order to measure the success of any program, accurate records must be available for review. The forms specified in the Implementation Guidance for Section 1047(d), provide the tools required to manage a successful volunteer program.

P. Personnel File

1. The project offices holds a duty to safeguard all project resources and the public, and a fundamental way to accomplish this goal is with records that are up to date and as accurate as possible.
2. Each volunteer shall have a personnel file kept by the VC in a locked file drawer or cabinet.
3. The following items shall be stored in the volunteer's personnel file:
 - a. OF 301 Volunteer Application (including any notes from the interview)
 - b. Consent to perform background check
 - c. OF 301a Volunteer Agreement
 - d. PHA/AHA
 - e. Training and safety certificates/documents that are accurate and up to date
 - f. Accurate records of each volunteer's time and reimbursed incidental expenses
 - g. Award documentation
 - h. Volunteer evaluations of the program and evaluations of their performance
 - i. All personnel actions or memorandums
4. The Implementation Guidance for Section 1047(d) states that "A copy of the agreement along with any revisions or amendments should be given to the volunteer for his/her records. The original should be retained by the VC for a three-year period." It is recommended that the all documents within the volunteers' personnel file also be kept for a period of three years.

Q. Confidentiality

All volunteer personnel records are confidential and must be kept in a locked cabinet or safe with restricted access. Any paperwork that includes sensitive information (Social Security numbers, Driver License number, etc.) shall be kept under lock and key at all times. Only the VC and the Volunteer to whom the file

pertains should have access. See Office of Counsel memo and Privacy Act summary in Appendix D for further clarification.

R. Volunteer Hours

The ENG Form 4882-R, Volunteer Service Record, may be used to record information regarding the service of individual volunteers and to compile information for OMBIL. Other forms or electronic means that include hours contributed, dates worked, and tasks accomplished may be used. This information may be needed to establish the validity of a Tort Claim or Worker's Compensation Claim that arises from the volunteer's service

S. OMBIL Reporting

1. OMBIL end of year data (total number of volunteers and total combined number of hours) is required to be entered into OMBIL during the annual October update.
 - a. In the annual recreation update for the OMBIL data entry program, the project office will be required to input the total annual volunteer hours that have been worked.
 - b. Annual volunteer hours inputted into OMBIL are entered into two different categories in the project's annual update. These two categories include: annual project data update under the volunteer summary section, and the partnerships update. In the annual project data update under volunteer summary section, the categories to be entered are the number of volunteers, volunteer hour's service, and incidental expenses.
2. The number of volunteers entered in the Annual Project Data Update equals the total number of volunteers that you had working on the project in the reporting years' time. This includes regular volunteer agreement volunteers, scout/church/school/youth/etc. group volunteers, and volunteers working under an MOA/MOU or other form of partnership with the project. This field records the total number of managed volunteers at the project during the previous FY, regardless of whether the volunteer was volunteering as part of a formal partnership or worked under a volunteer agreement.
3. The volunteer hours entered in this section equals the total number of service hours spent by any of the previously mentioned volunteer groups on the project.
4. Incidental Expenses, according to the OMBIL definition, includes expenses reimbursed by the Government to volunteers. Incidental expenses are those out-of- pocket expenses that a volunteer incurs in performing a service to the Corps

5. In the Partnerships Update module, information regarding partnerships in place at the project for the previous FY will be entered in the appropriate fields. This information includes volunteer hours and numbers of volunteers who worked on the project as part of a formal partnership agreement with USACE. Individuals responsible for OMBIL data entry should coordinate data entry for this field with the lake's volunteer coordinator, partnership coordinator, and the region's CRC.
6. A step by step guide for OMBIL reporting can be found in Appendix D.

V.

VI. PROGRAM EVALUATION

The evaluation process is an important tool for the volunteer program. This process will provide vital information that will be used to measure positive and negative components of the volunteer program. There are several ways to evaluate the volunteer program. Items in this section should be utilized as a tool for a continual improvement process for meeting the established goals. Choose the tools that work best for the specific needs.

A. USACE staff responsibilities when conducting an evaluation

1. Volunteer Coordinator – The VC should have the best knowledge of the program and regularly check the “pulse” of the program in order to adjust all components accordingly. The VC is responsible for reviewing the tasks associated with the Needs Assessment at the end of the year. The VC is also responsible for determining the cost savings benefits of the program. It is highly recommended that the VC discuss the programs successes and failures on a quarterly basis with the Lake Manager/Assistant Lake Manager. The VC ensures that the volunteer program is run in accordance with all regulations and policy.
2. Volunteer –The volunteer plays a big part in evaluating the overall effectiveness of the program. Don't confuse evaluating the program with evaluating the performance of an individual volunteer. Refer back to Section IV for more information on evaluating an volunteer's performance or conduct. For evaluating the program, volunteers should be asked to provide feedback to the volunteer coordinator. Several program evaluation examples can be found in Appendix D.

B. Types of evaluations

1. Needs Assessment Task Completion - The Needs Assessment document is created annually to list out the Project's “needs” and how these needs can be accomplished through the volunteer program. At the end of the Fiscal Year (FY), the VC should sit down and go back over the tasks outlined in the Needs Assessment. If items were completed, they should be checked off. If they

were not completed, it should be noted why these tasks were not completed. (i.e., funding, time, etc.). Tasks not completed can then be added to the Needs Assessment for the upcoming FY.

2. Cost Saving Benefits - Determining the financial benefits of the service performed by the volunteers at the project can be a great way to evaluate the program. It's very important to keep track of hours worked and the overall cost of doing business with volunteers. It is critical to be able to show the cost savings to the government by utilizing a volunteer program. As stated in Section VI (Recordkeeping), the total number of volunteers, the total number of volunteer hours, and the reimbursable expenses must be input into OMBIL annually. It is recommended to keep a spreadsheet and track the number of volunteers, number of hours, and the value (cost savings) for the work performed on a monthly basis.
3. To calculate the value of service performed by a volunteer, simply multiply the number of hours the volunteer worked by the volunteer service hourly rate. NOTE: The Volunteer Value of Service Hourly Rate changes annually. Check the NRM Gateway for the most recent value.
4. It is also important to track the value of each project, especially those tasks defined in the Needs Assessment. To calculate the value of a project, multiply the number of volunteers by the number of hours worked by the hourly rate. This will give the subtotal for the project. Then, simply subtract any cost associated with supplies and materials from the subtotal and this will give the value of the project.
 - a. Remember this calculation is based on the pre-determined rate for volunteer service. To get a better idea of the cost savings of a particular project (for example, constructing a group shelter), compare the cost of the project to what it would take for a contractor to provide the same service. This will often be a great way to show the Lake Manager/Assistant Lake Manager, and others the real value of the program.
5. Personal Feedback - Gathering personal feedback from the volunteer is just as important to evaluating the program as the monetary and net benefits. Everyday stories (i.e., good reports from the public about a park host, a long-term project completed, a successful relationship with a staff member or other positive examples of volunteers as team members) can go a long way toward building future successes. Negative events and stories can also serve as a lesson learned or proof that the program has improved since those events. Use the techniques below to round-out the program evaluation in a personal way.
6. Take the time during ranger meetings, volunteer meetings, safety meetings and day- to-day activities to get feedback from all team members and make

sure staff and volunteers hear about how the team is becoming stronger. Keep a log or a journal.

7. Keep copies of customer comment cards that mention volunteers as well as newspaper articles, letters to the project office and other personal testimonies of the good and bad points of the volunteer program.
8. Note trends in the feedback from volunteer exit interviews and how they do or do not change in response to changes in the volunteer program.

C. Summary

There are always ways to improve the volunteer program. Be sure to take the time to evaluate the program using multiple methods. Keep track of the work being performed and don't forget that volunteers are just people! Talk to them and get to know them. They are a valued part of our team!

Volunteer Interview Example

Date: _____

Operating Project: _____ **Volunteer**
Name: _____ **Phone:** _____ **Volunteer Position**
and Duty Station: _____ **Interviewer (Volunteer**
Coordinator and/or Supervisor): _____

I. Review of Enrollment Form

Review and clarify information on Volunteer Application Form or other application materials (resume, etc.). Correct any misinformation on form and place other comments below.

II. Non-Directive Interview Questions

1. What attracted you to our agency? Is there any aspect of our work that most motivates you to seek to volunteer here?

2. What would you like to get out of volunteering here? What would make you feel like you've been successful?

3. What have you enjoyed most about your previous volunteer work? About previous paid employment?

4. Describe your ideal supervisor. What sort of supervisory style do you prefer to work under?

5. Would you rather work on your own, with a group, or with a partner? Why?

6. What skills do you feel you have to contribute?

7. What can I tell you about our agency?

Volunteer Interview, Continued

III. Match with Volunteer Positions

Discuss potential volunteer positions and check match of interests, qualifications, and availability.

1. _____
2. _____
3. _____

~~~~~ *To be completed after interview* ~~~~~

#### **IV. Interviewer Assessment**

Appearance:

- ☐ Poised, neat                      ☐ Acceptable                      ☐ Unkempt

Reactions to Questions:

- ☐ Helpful, interested, volunteered information                      ☐ Answers questions  
☐ Evasive                      ☐ Confused

Disposition:

- ☐ Outgoing, pleasant, confident                      ☐ Reserved  
☐ Withdrawn, moody                      ☐ Suspicious, antagonistic

Interpersonal Skills:

- ☐ Adept at dealing with others   ☐ Relatively at ease with others   ☐ Uncomfortable Physical

Restrictions: \_\_\_\_\_  
\_\_\_\_\_

#### **V. Recommended Action**

☐ Consider for following positions:

1. \_\_\_\_\_
2. \_\_\_\_\_

☐ Schedule for second interview with: \_\_\_\_\_

☐ Hold in reserve for position of:

1. \_\_\_\_\_
2. \_\_\_\_\_

☐ Investigate further: \_\_\_\_\_

☐ Refer to: \_\_\_\_\_

☐ Not suitable for agency at this time

## Inappropriate/Illegal Volunteer Interview Questions

| <b>Subject</b>               | <b>Illegal</b>                                                                                                                                                                                                                        | <b>Legal If Job Related</b>                                                                                                                                                                                                                                                                                                           |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>AGE</b>                   | Any question which tends to identify applicants between 40-64 years of age is illegal. EXAMPLE: "Do you remember the 1940 election?"                                                                                                  | There is no legal question you can ask regarding this subject during an interview. However, there is a field on the OF 301 volunteer application and the OF 301a volunteer agreement that has been approved by OMB.                                                                                                                   |
| <b>CITIZENSHIP</b>           | Any of the following questions cannot be asked: Are you a citizen of the United States? Are your parents/ spouse a US citizen? When did you acquire US citizenship? Are you/spouse/ parent native born or naturalized?                | There is no legal question you can ask regarding this subject during an interview. However, there is a field on the OF 301 volunteer application and the OF 301a volunteer agreement that has been approved by OMB. You may request documentation to verify citizenship/visa requirements, if the candidate indicates on either form. |
| <b>NATIONAL ORIGIN</b>       | Any of the following questions cannot be asked: What is your national origin? What language is spoken in your home? What is your native language?                                                                                     | There is no legal question you can ask regarding this subject.                                                                                                                                                                                                                                                                        |
| <b>RACE/COLOR</b>            | You may not ask any question that directly or indirectly relates to race or color.                                                                                                                                                    | There is no legal question you can ask regarding this subject. However, there is an optional question regarding ethnicity on the OMB approved OF 301a volunteer agreement.                                                                                                                                                            |
| <b>RELIGION</b>              | The following questions cannot be asked: What church do you attend? What religious holidays do you observe?                                                                                                                           | There is no legal question you can ask regarding this subject.                                                                                                                                                                                                                                                                        |
| <b>SEX</b>                   | You may not ask any question which inquires as to one's gender. For example: What are your plans regarding having children in the near future? Do you mind having a male/ female supervisor? Can you work with a group of men/ women? | There is no legal question you can ask regarding this subject.                                                                                                                                                                                                                                                                        |
| <b>MARITAL STATUS/FAMILY</b> | Any of the following questions cannot be asked: Are you married? Divorced? Widowed? With whom do you live? Do your children live with you? What ages are your children? Is your husband/ wife in the military?                        | There is no legal question you can ask regarding this subject.                                                                                                                                                                                                                                                                        |
| <b>EDUCATION</b>             | You may not ask questions that specifically ask the nationality, racial, or religious affiliation of a school; the candidate's education level in general, if not related to the position being filled.                               | You may ask questions concerning a candidate's academic, vocation, or professional education as long as it pertains to requirements related to the position being filled.                                                                                                                                                             |

|                                   |                                                                                                                                        |                                                                                                                                                                                                                                                       |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ORGANIZATIONAL AFFILIATION</b> | You may not ask the following question: To what organization, societies and clubs do you belong?                                       | You may ask questions related to this subject if they are related to the volunteer position being filled and how the candidate's participation in the organization may fulfill the requirements.                                                      |
| <b>POLICE RECORD</b>              | Do not ask: Have you ever been arrested?                                                                                               | If the job being filled has special requirements (i.e., bonding), you may ask a question such as: In order to fill this job, you must be bonded. Is there any problem that this presents?                                                             |
| <b>WORK SCHEDULE/ TRAVEL</b>      | Do not ask any questions that relate to child care, ages of children or other non job-related areas.                                   | If the position being filled has special requirements (i.e., travel, overtime, unusual hours, etc.) these conditions may be stated. For example: In this position you would have to travel 1 week in every month. Does this present a problem to you? |
| <b>MILITARY DISCHARGE</b>         | The following question may not be asked: Were you honorably discharged from military service?                                          | There is no legal question you can ask regarding this subject.                                                                                                                                                                                        |
| <b>ECONOMIC STATUS</b>            | The following questions may not be asked: Do you have a good credit rating? Do you have any trouble with bills/collection agencies?    | There is no legal question you can ask regarding this subject.                                                                                                                                                                                        |
| <b>PERSONAL PLANS</b>             | The following question may not be asked: Do you have plans to live in this area long?                                                  | There is no legal question you can ask regarding this subject.                                                                                                                                                                                        |
| <b>MISCELLANEOUS</b>              | You should not ask any question that is not position related or necessary for determining a candidate's possession of required skills. | You may notify the candidate that statements, misstatements or omissions of significant facts may be cause for non-selection.                                                                                                                         |

Reference: <http://CPOL.army.mil/library/permis/6744.html> PERMISS Category: Recruitment and PlacementProgram

# **I Need a Volunteer - Posting Form**

*Send completed form to District Volunteer Coordinator*

- **Volunteer Opportunity/Position Title:**
- **Opportunity Type:** (Choose either Event or Position)
- **Virtual:** (Can the volunteer job be done remotely? Choose Yes or No.)
- **Start Date of the Opportunity/Position:**
- **End Date of the Opportunity/Position:** (Cannot exceed one year from the start date)
- **Background check required?** (Choose Yes or No):
- **Recruitment Start Date:** (List the date you want the volunteer opportunity posted on Volunteer.gov):
- **Recruitment End Date** (List the date you want the volunteer opportunity removed from Volunteer.gov):
- **Will the volunteer handle/manage user fees?** (Yes or No):
- **Short Description:** (Enter a short (one sentence or less) description which describes the volunteer opportunity. Example might be, "Seeking to fill 4 Visitor Center Host positions from May 1 – Sep 15, 2020)
- **Detailed Description:** (Enter a more detailed description with any key information you would like the volunteer to know, if desired.)
- **Opportunity/Position Category:** (Select or highlight all that apply)
  - Admin/Support
  - Ecosystem, Forest, and Natural Resource Management
  - Engineering
  - Heritage & Cultural Resources
  - Interpretation & Education
  - Maintenance
  - Safety Ops
  - Visitor Services Recreation Management
  - Other (please specify)
- **Activities:** (Select or highlight all that apply)
  - Archaeology
  - Backcountry/Wilderness
  - Botany
  - Campground/Site Host
  - Campground Maintenance
  - Computers
  - Conservation Education
  - Construction/Maintenance
  - Fish/Wildlife
  - General Assistance
  - GIS/GPS

- Historical Preservation
- Minerals/Geology
- Natural Resources Planning
- Pest/Disease Control
- Planning Office/Clerical
- Range/Livestock
- Research/Librarian
- Science
- Soil/Watershed
- Timber/Fire Prevention
- Tour Guide/Interp
- Trail/Campground Maintenance
- Visitor Information
- Weed/Invasive Species Control

- **Activities** (List any others not selected above):
- **Duties:** List the duties and any requirements for the position
- **Work Environment:** (Describe the work environment for the opportunity. i.e Mostly indoors, outdoors, working independently or with USACE staff, etc.)
- **Skills:** (Select or highlight all that are needed for the position)
  - Backpacking/Camping
  - Biology
  - Boat Operation
  - Carpentry
  - Clerical/Office Machines
  - Computer Programming
  - Conservation Education
  - Drafting/Graphics
  - Driver's License
  - First Aid Certificate
  - Fish/Wildlife
  - General Assistance
  - Hand Power Tools
  - Heavy Equipment
  - Landscaping/Reforestation
  - Land Surveying
  - Livestock/Ranching
  - Map Reading
  - Mountaineering
  - Office/Clerical
  - Operation Horse-Care/Riding
  - Other Trade Skills
  - Photography
  - Public Speaking
  - Research/Librarian
  - Sign Language
  - Supervision
  - Teaching
  - Visitor Information
  - Working with People
  - Writing/Editing
- **Suitability** (Select/highlight all that apply)
  - Kids
  - Teens

- ☐ Family
- ☐ Groups
- ☐ Adults
- ☐ Seniors

- **Description of Qualifications:** (Enter a description of the preferred qualifications for this opportunity).
- **Job Hazards:** (Select/highlight all that apply)
  - ☐ General Housekeeping
  - ☐ Slip/Trip/Fall hazards
  - ☐ Electrical Hazards
  - ☐ Equipment Operation
  - ☐ Equipment Maintenance
  - ☐ Fire Protection
  - ☐ Work Organization and Process Flow/Staffing/Scheduling
  - ☐ Work Practices
  - ☐ Workplace Violence
  - ☐ Ergonomic Problems
  - ☐ Lack of Emergency Procedures
  - ☐ Other (Type in any not listed above)
- **Housing/Amenities:** Is some type of housing provided for hours worked? (Select/highlight all that apply)
  - ☐ Bunk house
  - ☐ Cabin
  - ☐ Campsite
  - ☐ RV/Trailer pad
  - ☐ No Housing/Amenities
  - ☐ Other
  - ☐ N/A)

**\*\*If some type of housing is provided, include a sentence stating the requirements to receive the housing. (Example: Must complete 24 hours of work per week to qualify for free housing.)**

- **Difficulty:** (Select the most applicable option)
  - ☐ Not Difficult
  - ☐ Average
  - ☐ Strenuous
- **Training Required** (Yes or No)
- **Number of Hours per day:** (If requirement is for number of hours per week instead of per day, make note of that in the Detailed Description section above)
- **Required Days:** (Choose all that apply)
  - ☐ Sun
  - ☐ Mon
  - ☐ Tue
  - ☐ Wed
  - ☐ Thurs
  - ☐ Fri
  - ☐ Sat

- **District:**

- **Lake/River Project:**
- **Lake/River Project website URL:**
- **PSA or Volunteer position location** (If applicable. Such as name of campground or visitor center):
- **Latitude/Longitude of PSA/position location** (or Project Office location if more detailed Lat/Long is not available):
- **Point of Contact:**
- **Street Address:**
- **City:**
- **State:**
- **Zip:**
- **POC Phone:**
- **Fax:**
- **POC Email:**

If Volunteer Opportunity is an Event:

- **Group Event:** (Yes or No)
- **Start Time:**
- **End Time:**
- **Start/End Time Zone:** (Select EDT, EST, CDT, CST, MDT, MST, PDT, PST, Alaska Daylight or Standard, or Hawaii Daylight or Standard)

## **APPENDIX B**

### **BACKGROUND SCREENING AND SELECTING VOLUNTEERS**

Additional resources and information can be found on the NRM Gateway at  
<https://corpslakes.erdc.dren.mil/employees/volunteer/check.cfm>





**DEPARTMENT OF THE ARMY  
OFFICE OF THE ASSISTANT SECRETARY  
MANPOWER AND RESERVE AFFAIRS  
111 ARMY PENTAGON  
WASHINGTON, DC 20310-0111**

**SAMR**

06 JAN 2018

**MEMORANDUM FOR SEE DISTRIBUTION**

**SUBJECT: Additional Guidance on Army Directive 2014-23**

**1. References:**

a. Army Directive 2014-23, Conduct of Screening and Background Checks for Individuals Who Have Regular Contact with Children in Army Programs, 10 September 2014.

b. DoDI 1402.05, Background Checks on Individuals in DoD Child Care Services Programs, 11 September 2015.

2. Army organizations were required to fully implement reference 1a by 10 March 2015. The Assistant Secretary of the Army (Manpower and Reserve Affairs) is the proponent for this policy and retains oversight for this guidance. The ASA (M&RA) has the authority to grant waivers to this policy when warranted by circumstances and when the risk to the well-being, safety, and health of children is appropriately mitigated.

3. Reference 1b was reissued on 11 September 2015. The revised DoDI differs from the Army Directive (AD, or Directive) in several substantive ways and the Army will revise AD 2014-23 to address the inconsistencies between the two. Until the Directive is revised, this memo serves to provide that additional guidance, and is effective for one year from the date of signature, or until the new Army Directive is issued, whichever occurs first.

**4. Conduct of preliminary investigations.**

a. I am granting an exemption to the requirement for the conduct of the Local Civilian Law Enforcement (LCLE) check, Provost Marshal Office (PMO) / Directorate of Emergency Services (DES) Check, and the Mental Health Records and Housing checks. The preliminary investigation will only consist of the FBI fingerprint check and the Installation Records Check (IRC) (if DoD affiliated). The IRC must include a check of Army Law Enforcement Reporting and Tracking System (ALERTS), Defense Central Index of Investigations (DCII), the Army Substance Abuse Program, and the Army Central Registry. The reason for these actions are as follows:

SAMR

SUBJECT: Additional Guidance on Army Directive 2014-23

(1) LCLE Check. The LCLE checks are cumbersome, costly, and rarely yield information that is not more readily available from the FBI fingerprint and installation law enforcement checks. The LCLE checks also add a considerable amount of time to the on-boarding process. Reference 1b does not require LCLE checks to be conducted.

(2) PMO/DES Check. The Army Criminal Investigation Division and the Army Crime Records Center are now able to complete the installation law enforcement checks required in both ALERTS and the DCII systems.

(3) Reference 1b does not require the screening of Mental Health or Family Housing records.

#### 5. Adjudication of Minor Derogatory Information.

a. Enclosure 6 (Adjudication of Derogatory Information), paragraph 1c, of reference 1a gives some latitude to the Commander Designated Entities (CDEs) with respect to handling derogatory information that is minor, non-recurring, and occurred 10 years or more in the past. The CDE may, in cases where it is warranted, and when the CDE is both a government employee and a trained, cleared component adjudicator, choose not to forward derogatory information as defined in paragraphs 1c (1-5) and paragraph 1c(7) to the command-level Program Review Board (PRB).

b. Based on experience in implementing the background check process, it is clear that additional guidance should be provided with respect to adjudication of minor derogatory information as defined in reference 1a, Enclosure 6, paragraph 1.c (6). In reviewing this type of minor derogatory information, the command-level PRB should assess the information and determine whether the derogatory information is serious enough to warrant forwarding the case to the Headquarters, Department of the Army (HQDA) PRB for additional review and adjudication. The following derogatory information findings or records may be adjudicated at the command-level PRB:

(1) An isolated incident of minor criminal conduct that occurred **ten years** or more in the past. Examples include but are not limited to: drunk and disorderly, liquor law violation (use/possession by minor), disorderly conduct, disturbing the peace, resisting arrest, abusive language, unlawful assembly, vagrancy, loitering, and trespassing.

(2) Arrest or misdemeanor charge for possession of marijuana or marijuana paraphernalia that occurred **ten years** or more in the past. These cases are distinguished from felony drug offenses, which are criteria for mandatory disqualification.

**SAMR**

**SUBJECT: Additional Guidance on Army Directive 2014-23**

(3) An isolated incident of driving under the influence (DUI) or driving while intoxicated (DWI) that occurred **ten years** or more in the past.

c. Enclosure 6 (Adjudication of Derogatory Information), paragraph 1(c)(7) of reference 1a also gives the CDE the discretion to not forward to the installation or command-level PRB information related to minor discrepancies with educational, reference, or employment checks. Additional guidance is necessary with regard to this category of information as well. Minor discrepancies that the trained, cleared government CDE may decide not to forward include, for instance, discrepancies in dates of attendance at schools or dates of employment when clarifying documentation from the individual mitigates the discrepancy. Other types of minor derogatory information relating to education, employment or reference checks, may be adjudicated by the command-level PRB and not forwarded to the HQDA PRB. Cases with the following derogatory information findings or records may be adjudicated at the command-level PRB: minor employment, educational or reference check issues that occurred more than **four years** ago (e.g., issues related to absenteeism, negative attitude, or personality conflict). This list is not exhaustive and is intended as a guide for the PRB to use as a baseline.

d. If the incidence of minor derogatory information is isolated, non-recurring, not part of a pattern of behavior, and mitigated by time (as specified in paragraphs a through c above), the command-level PRB need not forward the results to the HQDA PRB. However, if there is any doubt whether the finding or record falls into one of these categories, if a combination of events and/or conduct in one or more of the above categories indicates a pattern of behavior which could call into question the applicant's integrity or judgment, or if a criminal act was pleaded out as lesser charge, the Commander will forward the case to the HQDA PRB Review Panel for adjudication.

**6. Transitioning from specified volunteer to employee, contractor, or in-home provider (Family Child Care or Homes Off-Post).**

a. Reference 1a requires specified volunteers in child programs to undergo a background check, and any derogatory information discovered must be adjudicated through the PRB process.

b. Specified volunteers who subsequently apply for positions listed in para 6 above are subject to the additional background checks as described therein. Derogatory information must be re-adjudicated through the PRB process to ensure suitability for these positions even if the individual was previously found suitable to serve as a specified volunteer.

**7. Volunteers for Non-Federal Entities (NFEs).** Private organizations such as the Boy Scouts of America, the Girl Scouts of America, and the American Red Cross are not

SAMR

SUBJECT: Additional Guidance on Army Directive 2014-23

Army sponsored or Army sanctioned programs, even if they operate on Army installations. The word "scouts" should not appear in the definition of "Army Sponsored or Sanctioned Programs" as listed under "Terms" in reference 1a, enclosure 7; therefore, I am granting an exemption to the requirement to conduct background investigations on volunteers for NFEs.

#### 8. Youth Volunteers

a. Army "unspecified" volunteers are equivalent to DoD "non-specified" volunteers. Reference 1a, enclosure 5 (Screening and Background Checks for Volunteers and All Other Categories of Individuals), paragraph 5c, identifies youth volunteers (under age 18) as unspecified volunteers, regardless of the duration of their volunteer services.

b. Reference 1b defines "non-specified volunteers" as those individuals who provide services that are shorter in duration than is required to perform a background check (e.g. one-day class trip, class party). Reference 1b contains no age restriction for either non-specified or specified volunteers. Age will no longer be a factor in determining specified versus unspecified status.

9. As a reminder, reference 1a applies to all individuals who have regular contact with children in Army-sponsored or sanctioned programs. This includes, but is not limited to, Soldiers, Civilians (appropriated and non-appropriated fund personnel and foreign nationals), specified volunteers, contractors and in-home providers. It is my expectation that all commands are taking appropriate measures to comply with the requirements defined in Reference 1a. Activities are reminded to satisfy any applicable labor relations obligations.

10. This memorandum is effective immediately and is effective for one year from the date of signature, or until the new Army Directive is issued, whichever occurs first.

11. My point of contact is Ms. Christine Traugott, Christine.M.Traugott.civ@mail.mil, or 703-614-9175.



DEBRA S. WADA  
Assistant Secretary of the Army  
(Manpower and Reserve Affairs)

#### DISTRIBUTION:

Principal Officials of Headquarters, Department of the Army  
(CONT)

**SAMR**

**SUBJECT: Additional Guidance on Army Directive 2014-23**

**DISTRIBUTION: (CONT)**

**Commander**

- U.S. Army Forces Command**
- U.S. Army Training and Doctrine Command**
- U.S. Army Materiel Command**
- U.S. Army Pacific**
- U.S. Army Europe**
- U.S. Army Central**
- U.S. Army North**
- U.S. Army South**
- U.S. Army Africa/Southern European Task Force**
- U.S. Army Special Operations Command**
- Military Surface Deployment and Distribution Command**
- U.S. Army Space and Missile Defense Command/Army Strategic Command**
- U.S. Army Medical Command**
- U.S. Army Intelligence and Security Command**
- U.S. Army Criminal Investigation Command**
- U.S. Army Corps of Engineers**
- U.S. Army Military District of Washington**
- U.S. Army Test and Evaluation Command**
- U.S. Army Installation Management Command**
- Superintendent, United States Military Academy**
- Director, U.S. Army Acquisition Support Center**
- Executive Director, Arlington National Cemetery**
- Commander, U.S. Army Accessions Support Brigade**
- Commandant, U.S. Army War College**
- Commander, Second Army**

**CF:**

- Director, Army National Guard**
- Director of Business Transformation**
- Commander, Eighth Army**
- Commander, U.S. Army Cyber Command**

## PSIP REQUIRED INFORMATION

**SSN:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ (MM/DD/YYYY)

**Rank/Prefix** (Dr., Ms, Mrs., Mr.): \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_ Initial Only / No Middle Name

**Postfix/Suffix** (i.e.: II, III, Jr.): \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_

**State of Birth:** \_\_\_\_\_

**City of Birth:** \_\_\_\_\_

**US Citizenship Proof:** Birth Certificate / Certificate of Citizenship-INS/ Certificate of Naturalization / DS-1350 / FS-545 / Passport / FS-240 /

**Documentation Number:** \_\_\_\_\_

### Investigation Information:

**Role:** Military / Civilian / Contractor

**Clearance Required:** Secret / Top Secret / Suitability / PRP / None

**IT Level:** I / II / III / None (*Hint: Normal users are "III"*)

**Periodic Reinvestigation:** Yes / No

**Additional Access Required:** SCI / NATO / SAP / CRYPTO / PRP\*

**Reason for Access:** \_\_\_\_\_

*\* Place type of PRP in the comments field (PRP type will drive the type of investigation required). PRP Types: Critical Nuclear, Controlled Nuclear, Chemical, or Biological with BSAT or Biological without BSAT).*

**SOI:** \_\_\_\_\_ **IPAC Code:** \_\_\_\_\_ **Branch of Service:** \_\_\_\_\_

**Expedite Request?** Yes / No **Justification:** \_\_\_\_\_

**Fingerprints Submitted:** None / Electronic / Manual

**Date:** \_\_\_\_\_

### Subject Contact Information:

**Email Address (AKO preferred):** \_\_\_\_\_

**Secondary Email Address:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ Comm / DSN / Overseas

**Secondary Phone:** \_\_\_\_\_ Comm / DSN / Overseas

**Organization/Unit Name:** \_\_\_\_\_ **Organization/Unit UIC:** \_\_\_\_\_

**Location of Local/Temporary Personnel Folder:** \_\_\_\_\_

**Location of Local/Temporary Security Folder:** \_\_\_\_\_

### Supervisor's Contact Information:

**Rank/Prefix:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ Comm / DSN / Overseas

# Declaration for Federal Employment\*

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

Form Approved  
OMB No. 3206-0182

## Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

## Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

**ROUTINE USES:** Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

## Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

# 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

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

☐ YES ☐ NO

10. Have you been convicted by a military court-martial in the past 7 years? (If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.

☐ YES ☐ NO

11. Are you currently under charges for any violation of law? If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

☐ YES ☐ NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.

☐ YES ☐ NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.

☐ YES ☐ NO



# Declaration for Federal Employment\*

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

Form Approved  
OMB No. 3206-0182

## Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works. ☐ YES ☐ NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? ☐ YES ☐ NO

## Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

## Certifications / Additional Questions

**APPLICANT:** If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

**APPOINTEE:** If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I **certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I **understand** that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I **understand** that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I **consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I **understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

- 17a. Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)
- 17b. Appointee's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)

### Appointing Officer:

Enter Date of Appointment or Conversion  
MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

- 18a. When did you leave your last Federal job? \_\_\_\_\_  
DATE: MM / DD / YYYY
- 18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? ☐ YES ☐ NO ☐ DO NOT KNOW
- 18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. ☐ YES ☐ NO ☐ DO NOT KNOW

## VOLUNTEER SERVICE APPLICATION—NATURAL & CULTURAL RESOURCES

The volunteer application helps public lands officials and potential volunteers determine if there are volunteer opportunities that are a good match for the skills and interests identified. All volunteers are required to complete a volunteer agreement once they have identified and committed to a specific volunteer activity. Mark ☒ in the appropriate boxes and print or type all responses.

|                               |        |                     |                  |
|-------------------------------|--------|---------------------|------------------|
| 1. Name (Last, First, Middle) | 2. Age | 3. Telephone Number | 4. Email Address |
|-------------------------------|--------|---------------------|------------------|

|                           |                              |
|---------------------------|------------------------------|
| 5. Street Address, Apt. # | 6. City, State, and Zip Code |
|---------------------------|------------------------------|

7. 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            |                                                    |

8. 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)              |

9. If you have a specific volunteer interest, please identify and describe your qualifications, skills, experiences, or education that may apply.

10. Are you a United States Citizen? ☐ Yes ☐ No (If no, additional information may be required)

11. a. Have you volunteered before? ☐ Yes ☐ 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.

12. Would you like to supervise other volunteers? ☐ Yes ☐ No

13. What are some of your objectives for volunteering? (Optional)

14. Please list any physical limitations that may impact your volunteer activities.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 15. a. Which months are you available to volunteer? Check all that apply.<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> January</div> <div style="width: 33%;"><input type="checkbox"/> February</div> <div style="width: 33%;"><input type="checkbox"/> March</div> <div style="width: 33%;"><input type="checkbox"/> April</div> <div style="width: 33%;"><input type="checkbox"/> May</div> <div style="width: 33%;"><input type="checkbox"/> June</div> <div style="width: 33%;"><input type="checkbox"/> July</div> <div style="width: 33%;"><input type="checkbox"/> August</div> <div style="width: 33%;"><input type="checkbox"/> September</div> <div style="width: 33%;"><input type="checkbox"/> October</div> <div style="width: 33%;"><input type="checkbox"/> November</div> <div style="width: 33%;"><input type="checkbox"/> December</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |
| 15b. How many hours per week would you be available for volunteer work? Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |
| 15c. Which days are you available to volunteer? Check all that apply.<br><input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |
| 16. Specify states or locations where you would like to volunteer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |
| 17. Specify your lodging needs:<br><input checked="" type="checkbox"/> I will furnish my own lodging (such as tent; camper; own, relative's, or friend's place)<br><input type="checkbox"/> I will require assistance in finding lodging                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |
| 18. If a volunteer assignment is not available at the location specified in box #16, do you want your application forwarded to another location or Federal agency seeking volunteers with your background or interests?<br><input type="checkbox"/> Yes <input type="checkbox"/> No (Please specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |
| 19. How did you hear about this volunteer opportunity? Check all that apply.<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Volunteer.gov</div> <div style="width: 50%;"><input type="checkbox"/> Brochure</div> <div style="width: 50%;"><input type="checkbox"/> Other internet or website</div> <div style="width: 50%;"><input type="checkbox"/> Volunteer fair or event</div> <div style="width: 50%;"><input type="checkbox"/> Advertisement</div> <div style="width: 50%;"><input type="checkbox"/> Other (specify)</div> <div style="width: 50%;"><input type="checkbox"/> Word of mouth (friend, colleague, family member)</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |
| <p style="text-align: center;"><b>Burden Statement</b></p> <p>According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0080. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The U.S. Department of Agriculture (USDA) and U.S. Department of the Interior prohibit discrimination in all programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA and USDI are equal opportunity providers and employers.</p> |          |
| <p style="text-align: center;"><b>Notice to Volunteer</b></p> <p>Volunteers are NOT considered Federal employees except as otherwise provided by law. Volunteer service is not creditable for leave accrual or any other benefit. However, volunteer service is creditable work experience. By signing this application the volunteer(s) understand(s) s/he may be subject to a reference check, background check, and/or criminal history inquiry.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |
| <p style="text-align: center;"><b>Privacy Act Statement</b></p> <p>Collection and use is covered by Privacy Act System of Records OPM/GOVT-1 and USDA/OP-1, and is consistent with the provisions of 5 USC 552a (Privacy Act of 1974), which authorizes acceptance of the information requested on this form. The data will be used to maintain official records of volunteers of the USDA and USDI for the purposes of tort claims, injury compensation, and other volunteer claims allowed by law. Furnishing this data is voluntary, however if this form is incomplete, enrollment in the program cannot proceed.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| 20. Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 21. Date |

## VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                           |                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <input type="checkbox"/> INDIVIDUAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                         | 2. <input type="checkbox"/> GROUP                                                                                                                                                                                         |                                                                                                                                                                                 |
| 3. NAME OF AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                         | 4. AGREEMENT #                                                                                                                                                                                                            |                                                                                                                                                                                 |
| 5. NAME OF VOLUNTEER (First, Last)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                         | 6. U.S. CITIZEN OR PERMANENT RESIDENT<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No, list visa type _____                                                                                                |                                                                                                                                                                                 |
| 7. NAME OF GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         | 8. NAME OF GROUP CONTACT (First, Last)                                                                                                                                                                                    |                                                                                                                                                                                 |
| 9. STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                         | 10. CITY, STATE, ZIP CODE                                                                                                                                                                                                 |                                                                                                                                                                                 |
| 11. EMAIL ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12. PHONE<br>Home: _____<br>Mobile: _____                                                                                                                                                                                                                                                                               | 13. AGE<br><input type="checkbox"/> Under 15 <input type="checkbox"/> 15 – 18 <input type="checkbox"/> 19 - 25<br><input type="checkbox"/> 26 – 35 <input type="checkbox"/> 36 – 54 <input type="checkbox"/> 55 and Older |                                                                                                                                                                                 |
| 14. <b>ETHNICITY &amp; RACE (Optional):</b> Please report 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.                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                           |                                                                                                                                                                                 |
| 14a. <b>Ethnicity (Select one):</b><br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 14b. <b>Race (Select one or more, regardless of ethnicity):</b><br><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American <input type="checkbox"/> White<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander |                                                                                                                                                                                                                           | 14c. Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>14d. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>EMERGENCY CONTACT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                           |                                                                                                                                                                                 |
| 15. NAME (Last, First)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 16. PHONE<br>Home: _____<br>Mobile: _____                                                                                                                                                                                                                                                                               | 17. EMAIL ADDRESS                                                                                                                                                                                                         |                                                                                                                                                                                 |
| 18. STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 19. CITY, STATE, ZIP CODE                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                                                                                                                                                                                 |
| <b>GOVERNMENT OFFICIAL COMPLETES THIS SECTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                           |                                                                                                                                                                                 |
| 20. AGENCY CONTACT NAME (Last, First)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                         | 21. AGENCY CONTACT EMAIL & PHONE                                                                                                                                                                                          |                                                                                                                                                                                 |
| 22. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Type and Rate of Reimbursement:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                         | 23. VOLUNTEER POSITION/GROUP PROJECT TITLE:                                                                                                                                                                               |                                                                                                                                                                                 |
| 24. <b>Description of service to be performed.</b> 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. If this is a group agreement, the leader is to provide the group name and attach a complete list of group participants or optional form 301b for each volunteer. |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                           |                                                                                                                                                                                 |
| VOLUNTEER/SERVICE ACTIVITY ABSTRACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                           |                                                                                                                                                                                 |
| 25. <b>Check all that apply:</b> <input type="checkbox"/> Description of service attached <input type="checkbox"/> List of group participants/optional form 301b attached <input type="checkbox"/> Job Hazard Analysis<br><input type="checkbox"/> Valid Driver's License Verified (if required)                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                           |                                                                                                                                                                                 |

# **PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18**

|                                            |                               |                   |
|--------------------------------------------|-------------------------------|-------------------|
| 26. PARENT OR LEGAL GUARDIAN (First, Last) | 27. PHONE<br>Home:<br>Mobile: | 28. EMAIL ADDRESS |
| 29. STREET ADDRESS                         | 30. CITY, STATE, ZIP CODE     |                   |

31. I affirm that I am the parent/guardian of the above named volunteer. I understand that the agency volunteer program does not provide compensation, except as otherwise provided by law; and that the service will not confer on the volunteer the status of a Federal employee. I have read the attached description of the service that the volunteer will perform. I give my permission for \_\_\_\_\_ to participate in the specified volunteer activity.

32. (NAME OF YOUTH)

33. Parent/Guardian Signature

Date

## **VOLUNTEER & GROUP LEADER AFFIRMATION**

34. I understand that I will not receive any compensation for the above service and that volunteers are NOT considered Federal employees except as otherwise provided by law. I understand that volunteer service is not creditable for leave accrual or any other employee benefits. I also understand that either the government or I may cancel this agreement at any time by notifying the other party. I understand that my volunteer position may require a reference check, background investigation, and/or a criminal history inquiry in order for me to perform my duties. I understand that all publications, films, slides, videos, artistic or similar endeavors, resulting from my volunteer services as specifically stated in the attached job description, will become the property of the United States, and as such, will be in the public domain and not subject to copyright laws. I understand the health and physical condition requirements for doing the work as described in the job description and at the project location, and certify that the statements I have checked below are true:

- ☐ I or group leader know of no medical condition or physical limitation that may adversely affect my or members of the group ability to provide this service. If a group see attached OF301b.
- ☐ I or a member of the group have a medical condition or physical limitation that may adversely affect my ability to provide this service and have informed the Government Representative. If a member of a group see attached OF301b.
- ☐ I or group member do not consent to being photographed or to the release of my photographic image. If a member of a group see attached OF301b.

I do hereby volunteer my services as described above, to assist in authorized activities at \_\_\_\_\_ and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group. (NAME OF FEDERAL AGENCY)

35. Signature of Volunteer or Group Leader

Date

The above-named agency agrees, while this arrangement is in effect, to provide such materials, equipment, and facilities that are available and needed to perform the service described above, and to consider you as a Federal employee only for the purposes of tort claims, liability and injury compensation to the extent not covered by your volunteer group, if any.

36. Signature of Government Representative

Date

## **TERMINATION OF AGREEMENT**

37. Agreement Terminated Date:

Total Hours Completed:

38. Signature of Government Representative:

## **PUBLIC BURDEN STATEMENT**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0080. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. USDA, DOI, DOC and DOD prohibit discrimination in all programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. Not all prohibited bases apply to all programs.

## **PRIVACY ACT STATEMENT**

Collection and use is covered by Privacy Act System of Records OPM/GOVT-1 and USDA/OP-1, and is consistent with the provisions of 5 USC 552a (Privacy Act of 1974), which authorizes acceptance of the information requested on this form. The data will be used to maintain official records of volunteers of the USDA and USDI for the purposes of tort claims, injury compensation, and other volunteer claims allowed by law. Furnishing this data is voluntary, however if this form is incomplete, enrollment in the program cannot proceed.



[illegible]

**OF 301 Volunteer Service Application - Natural & Cultural Resources  
OMB #0596-0080 (Exp 10/31/2021) INSTRUCTIONS**

- An OF 301 can be filled out by potential volunteers and used by the agency to determine if there are volunteer opportunities that are a good match for the skills and interests defined.
- Not every volunteer will fill out an OF 301 application. Some volunteers may simply show up for an event or speak to a volunteer coordinator about opportunities.
- However: ALL volunteers are required to complete an OF 301a volunteer agreement once they have identified and committed to a specific volunteer activity and location.
- Font in text fields will shrink for long answers to fit in the field space.
- Additional pages may be attached as needed: volunteer interest/qualifications/skil/education; objectives for volunteering; physical limitations, etc.

**Instructions**

**1. Name:** Last, First, Middle name of volunteer

**2. Age:** Volunteer age

**3. Telephone number:** Best phone number to reach the volunteer

**4. Email address:** Best email to reach the volunteer

**5-6. Street Address/City, State, Zip:** Permanent address or P.O. Box of the volunteer

**7-8. Categories of interest/Qualifications, Skills, Experience:** The volunteer should check as many interests, qualifications, skills, or experience as applicable.

- Single click to check the box. To specify 'Other,' add an attachment.

**9. Specific volunteer interest:** Volunteer can elaborate on selections made in Sections 7 and 8 or add any other information not listed in the previous sections.

**10. Citizenship:** Volunteer should choose one 'Yes' or 'No' answer, not both categories.

- Single click to check the box.

**11. Prior volunteer experience:** Volunteer should choose one 'Yes' or 'No' answer, not both categories.

- Single click to check the box. To list prior volunteer experience, type the information in the text box.

**12. Supervision of other volunteers:** Volunteer should choose one 'Yes' or 'No' answer, not both categories.

- Single click to check the box. Text field optional if the volunteer would like to add any specifics.

**13. Volunteer objectives:** Volunteer may include their personal objectives for volunteering.

- Type in text box.

**14. Physical limitations:** Volunteer may list any which may impact their volunteer duties.

- Type in text box.



**15. Availability:** Volunteer should check all months and days of the week they are willing to volunteer, and type in number of hours per week available.

- Single click to check as many boxes as desired. Type in number of hours per week.

**16. States/locations:** Volunteer should specify states or locations where they are interested in volunteering.

- Type in text box.

**17. Lodging:** Volunteer should choose one category.

- Single click to check the box.

**18. Alternate locations:** Volunteer should choose one 'Yes' or 'No' answer, not both categories.

- Single click to check the box. To specify 'No,' add an attachment to the document.

**19. Volunteer opportunity announcement:** Volunteer should check all that apply.

- Single click to check the boxes. To specify 'Other,' add an attachment to the document.

**20. Signature of Volunteer:** Full signature of individual volunteer.

- Can be electronically signed

**21. Date:** Date application submitted.

- Select from drop down calendar.

## OF 301a Volunteer Service Agreement - Natural & Cultural Resources OMB #0596-0080 (Exp 10/31/2021) INSTRUCTIONS

- Individuals, organized groups and children under the age of 18 may volunteer under a current, signed Volunteer Agreement (OF301a).
- Group contacts/ liaisons can fill out this form on behalf of volunteers and are required to ensure all paperwork is completed for their group and all minors have parental consent. (*Adult volunteers who participate with an organized group may be signed up on an OF301b form*)
- Parent or guardian consent is required for minors under the age of 18 on the OF 301a. The same requirements for guardian permissions apply for walk-in one day events, such as National Public Lands Day. *Any other parental approval forms (school, youth group, etc.) are not acceptable as replacements for the signed OF301a.*
- A Job Hazard Analysis or Activity Hazard Analysis is a **required** attachment to the OF 301a for all tasks of the project. The JHA clearly defines practices and procedures including required safety equipment and is designed to promote the safety and well-being of volunteers. Example JHAs can be found on the NRM Gateway  
<https://corpslakes.erc.dren.mil/employees/volunteer/aha.cfm>
- Font in text fields will shrink for long answers to fit in the field space.
- Additional pages may be attached as needed: description of duties, details about reimbursements, etc.
- Agreements remain in effect until terminated. However, it is a good practice to review agreements annually and amend or rewrite for accuracy as projects, requirements, reimbursements, and other elements of a volunteer's service may change. Without a signed agreement, individuals or groups cannot volunteer or travel.
- Volunteer coordinators should retain a copy of the completed agreement and provide one to the volunteer or volunteer group leader. The volunteer coordinator should keep the original in a secured file cabinet or electronically secured folder during the volunteer service, and for 3 years following termination of service.

A signed Volunteer Agreement Form OF 301a authorizes the individual or group to volunteer and specifies agency expectations, requirements, and any reimbursements. A well-written agreement provides for the safety of the volunteer while clearly describing the service project, requirements, locations, schedules, and other information pertinent to the volunteer service.

### Instructions

**1- 2. Individual or Group checkboxes:** Check whichever box applies; a group is 2 or more people.

- Single click to check the appropriate box.

**3. Agency:** Type in U.S. Army Corps of Engineers (can also list office/lake/river project location name)

**4. Agreement Number:** Leave blank. (*unless you find this useful for tracking volunteer agreements at your location*) This section is only required by the U.S. Forest Service.

**5. Name of Volunteer:** Type in first and last name of individual volunteer. For a group of adult volunteers, also use form OF 301b.

**6. Citizenship:** Volunteer should choose one 'Yes' or 'No' answer, not both categories. If "No", list their visa type under which the volunteer is in the United States. Only certain visa types allow non-citizens to volunteer for the Corps of Engineers: J-1 or F-1

- PDF version- Single click to check the box. List visa type if 'No' is checked.
- Word version- Double click on box and select 'Default Value, Checked'. List visa type on the line if 'No' is checked.

**7. Name of Group:** Enter the official name of organization. Example: "*White Pine Elks Club*" Use OF 301b to list the names of all adult volunteers participating on each project. Group liaisons are responsible for ensuring all volunteers under age 18 parent/guardian fills out and signs the parental approval section of form OF 301a, assuring visa requirements are met for non-citizens, and gathering medical condition information.

**8. Name of Group Contact:** Enter first and last name of the group's liaison to the agency. Skip if form is for individual volunteer.

**9 - 10 Address:** Enter physical address of volunteer's permanent residence or group's business address. Include post office box or other mailing address if different from street address.

**11. Email Address:** Enter individual volunteer's personal email address if available, or group liaison's email.

**12. Home Phone/ Mobile Phone:** Enter individual volunteer's personal phone numbers, or group liaison's phone numbers. For a minor, this should be the parent or guardian's number.

**13. Age:** Check only one box which best matches the individual. Group liaisons should mark only one box to report approximate ages of group volunteers. Information is used to determine if parent/guardian consent is required and is used for reporting purposes.

- Single click to check the box.

**14 a – b. Ethnicity and Race:** Optional check boxes. Groups can indicate the number of each, if known, or leave blank if not known.

- Single click to check the boxes.

**14c. Veteran status:** Optional check box. Volunteer should choose one 'Yes' or 'No' answer, not both categories. This information allows the Corps of Engineers to ensure its programs are providing opportunities to veterans.

- Single click to check the boxes.

**14d. Do you have a disability?** Optional check box. Volunteer should choose one 'Yes' or 'No' answer, not both categories. This information allows the Corps of Engineers to ensure its programs are providing opportunities to people with disabilities.

- Single click to check the boxes.

### **Emergency Contact Information**

**15. Name:** Type in the name of the person who can be contacted regarding the volunteer in case of an emergency. For Group agreements, the liaison is responsible for having emergency contact information on hand for all of the volunteers providing service on the project.

**16 -19. Contact information:** Type in emergency contact phone, email, street address.

**20 - 21. Agency Contact Name, Email and Phone:** Type in the information for the staff person who is the main contact for and/or supervisor of volunteers under this agreement.

**22. Reimbursements:** Mark "Yes" or "No." For "Yes" specify ALL allowable reimbursements being provided for volunteers. Reimbursements under Group Volunteer Agreements will be made to the organization, not to an individual. Refer to ["Implementation Guidance for Section 1047\(d\) Services of Volunteers, of WRRDA 2014"](#) for allowable reimbursable expenses.

- Single click to check the boxes.
- Specify what out of pocket expenses the agreement will cover. If there is not enough space in the text both, clearly identify on an additional sheet along with the job description.

**23. Volunteer Position/Group Project Title:** Type the title of the volunteer assignment, such as *Campground Host, Trail Crew, Information Receptionist*, etc., or the project, such as *Lakeview Trail Maintenance, Shoreline Cleanup Day*, etc.

**24. Description of service to be performed:** Follow the guidance in the block to clearly and comprehensively define the role and services requested of the volunteer with sufficient detail to answer who, what, why, when, where, and how. Attach a volunteer description if available. At a minimum, the description of service should include: Detailed description of duties, tasks and responsibilities.

i. Locations of project/duties.

ii. Date(s) and times of service at each location/project.

iii. Training required/provided. *Example: All volunteers attend Training Weekend, May 5-6, 2020 at Sunnyside Campground; or Volunteer is required to maintain USACE boat operator training to operate a Corps vessel.*

iv. Tools, equipment and Personal Protective Equipment needed/provided if not listed in the JHA. *Example: Volunteers must wear leather work boots; USACE supplies hand tools, gloves & eye protection.*

v. Types of supplies, materials and/or equipment that will be provided by the volunteer.

vi. Remember to attach all appropriate Job Hazard Analyses (JHA).

**25. Check All that Apply:**

**Description of service attached** - Optional Check box.

**List of group participants attached** - required only if the groups are engaged on the volunteer project as defined in item #24.

**Job Hazard Analysis – REQUIRED.** It should **always** be checked as JHAs are required for all volunteer activities.

**Valid driver's license verified** - Check if applicable. This is required if volunteer will be driving a government vehicle. Defensive driving training required. International driver licenses are not valid to drive a government vehicle.

**26-33. Parental Consent for Volunteer Under Age 18:** Name of parent or legal guardian is required including complete contact information. For Group agreements, the Group Contact puts their information on page 1. Parent or Guardian prints **name of youth** (printed) in box #31 on line #32 and signs and dates box #33.

**34. Volunteer & Group Leader Affirmation:** Ensure the volunteer reads and comprehends the information to which they are agreeing with their signature. The standard language in this block represents the legally binding basis for the agreement and includes important waiver statements, notification to the volunteer of potential background checks, a photo release, and disclaimer about volunteer service and liability.

**Checkboxes for medical conditions:** The volunteer should check the appropriate box for self-identification of medical conditions or physical limitations. For groups, the liaison should gather this information separately.

**Checkbox for withholding photo release:** Check if an individual volunteer **does not** consent to photographs. For groups, use checkbox on OF 301b.

**Name of Federal Agency:** Enter the name of the Corps office/lake/river project.

- Single click to check the boxes. Type in name of volunteer location.

**35. Signature of Volunteer or Group Leader:** Fill in full signature of individual volunteer or group leader/liaison and date or group leader's/designated liaison's signature for group agreements.

**36. Signature of Government Representative:** Fill in signature of the volunteer coordinator or volunteer supervisor and date.

**37. Agreement Terminated Date:** Enter date the project ends or the services of the volunteer end. Volunteer Agreements are legally binding documents and must be retained on file for three years beyond the date of termination. When no longer needed, the documents should be destroyed.

**Total Hours Completed:** Enter the total cumulative number of hours contributed by the volunteer(s) under this agreement.

**38. Signature of Government Representative:** Fill in signature of the volunteer coordinator or volunteer supervisor.

**Provide a copy of the completed agreement to the volunteer or volunteer group leader. The volunteer coordinator should retain the original in a secured file cabinet or electronically secured folder during the volunteer service, and for 3 years following termination of the service.**

**OF 301b "Volunteer Sign-up Form for Groups"**  
**OMB #0596-0080 (Exp 10/31/2021) INSTRUCTIONS**

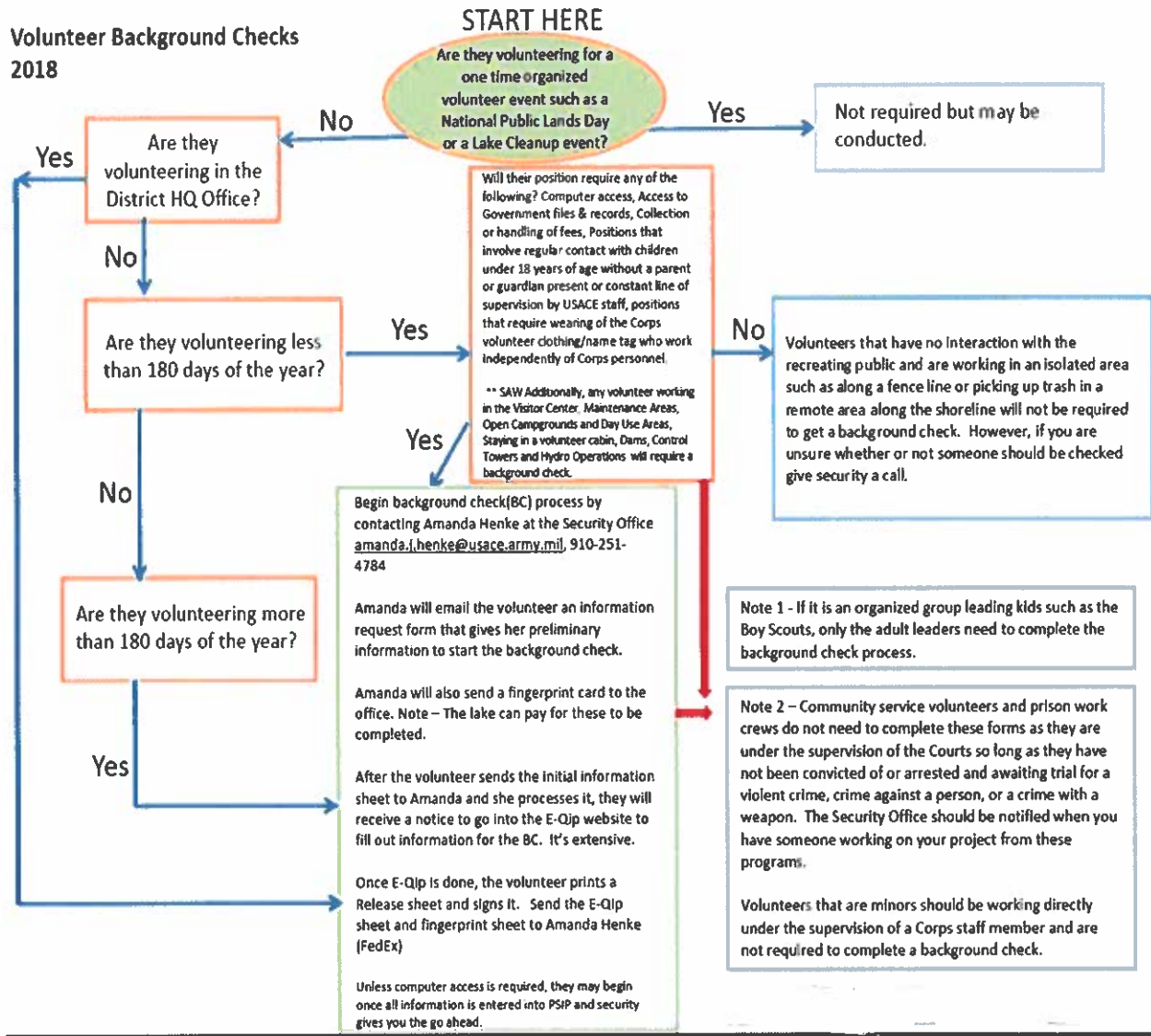
- This form is to be used when engaging an organized adult volunteer group or holding a group or public volunteer event. It **must** be used with a group agreement (OF 301a) and applicable job hazard analyses. It is not a stand-alone document.
- Parent or guardian consent is required for all minors. Each minor must be engaged through the OF301a. Same requirements for guardian permissions apply for walk-in one day events, such as National Public Lands Day.
- Additional pages of the OF 301b may be attached as needed.

**Instructions:**

- **Project Title:** Type in the name of the group project or event, such as *Lakeview Trail Maintenance, Shoreline Cleanup Day, Big Muddy Creek Streamside Restoration Project* etc.
- **Group Name:** Fill in name of organized group. An organized group typically has an official name and a group leader who serves as liaison to the Corps. For one-time, day-of events to which the general public is invited and there is no sponsoring group, leave blank.
- **Agency:** Type in U.S. Army Corps of Engineers (can also list office/lake/river project location)
- **Group Contact Name:** Fill in first and last name of group's liaison to the agency.
- **Telephone:** Fill in phone number(s) of the group contact.
- **Email:** Fill in email of the group contact.
- **Agency Contact Name:** Fill in Corps volunteer coordinator or staff supervising the project/event.
- **Telephone:** Fill in agency contact's phone number(s).
- **Email:** Fill in agency contact's email address.
- **# (Number):** Sequenced beginning with "1".
- **Volunteer Name:** Fill in first and last name of the volunteer.
- **Signature:** Each adult volunteer must sign.
- **Telephone Number:** Fill in landline or cell phone number of the volunteer, if available.
- **Email Address:** Fill in individual volunteer's personal email address, if available.
- **Photo Release Yes/No:** Check one to indicate use of images of the volunteer by USACE.

**Provide a copy of the completed OF 301b to the volunteer group leader along with the completed OF 301a.**

## Volunteer Background Checks 2018



## **APPENDIX C**

### **SAFETY AND TRAINING**

An extensive list of approved PHA's approved by the Safety Office can be found at  
<https://corpslakes.erdc.dren.mil/employees/volunteer/aha.cfm>



| ACCIDENT PREVENTION PROGRAM<br>JOB HAZARD ANALYSIS             |                  |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |  |
|----------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|
| 1. Contract No.: N/A                                           |                  | 2. Project: Volunteer Cleaning                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3. Facility:             |  |
| 4. Date:                                                       |                  | 5. Location:                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6. Estimated Start Date: |  |
| 7. Item                                                        | 8. Phase of Work | 9. Safety Hazard                                                                             | 10. Precautionary Action Taken                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |  |
| 2.                                                             | Litter Pickup    | <p>Blood-borne pathogen</p> <p>Tripping/falling, cuts and abrasions, and vehicle traffic</p> | <ul style="list-style-type: none"> <li>- Do not use hands to compact trash.</li> <li>- Do not attempt to clean blood or blood-contaminated wastes without proper protective clothing (report these types of wastes before cleaning is attempted)</li> <li>- The cleaner will watch his/her footing while picking up litter.</li> <li>- The cleaner will wear the provided gloves while picking up all litter.</li> <li>- The cleaner will use care when handling broken glass and metal debris.</li> <li>- When picking up litter along roadways the cleaner must be aware of passing vehicles and wear a reflective vest.</li> </ul> |                          |  |
| 11. Contractor / Volunteer (Signature and Date)                |                  |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |  |
| 12. Report discussed with contractor / superintendent on _____ |                  | 13. Contracting officer (Signature and Date)<br>or<br>Contracting Officer Representative     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |  |
| Area/Resident Engineer (signature)<br>_____                    |                  |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |  |

| ACTIVITY HAZARD ANALYSIS                                                                                                                                       |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONTRACT #:                                                                                                                                                    | PROJECT / ACTIVITY:<br>Lifting-tools, equipment, materials, various objects, etc. | LOCATION: DATE:                                                                                                                                                                                                                                                                                                                                                      |
| EM 385-1-1 REFERENCES:                                                                                                                                         | PERSON / CREW PERFORMING WORK:                                                    | FOREMAN OR SUPERVISOR:                                                                                                                                                                                                                                                                                                                                               |
| REQUIRED OR RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT:<br>Leather gloves, steel toe shoes or boots, leg chaps, hard hat etc. depending on what is being lifted |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                      |
| ANALYSIS BY:                                                                                                                                                   | REVIEWED BY:                                                                      | APPROVED BY:                                                                                                                                                                                                                                                                                                                                                         |
| ACTIVITY                                                                                                                                                       | POTENTIAL HAZARDS                                                                 | ACTION TO AVOID HAZARDS                                                                                                                                                                                                                                                                                                                                              |
| A. Lifting- tools, equipment, materials, various objects, etc.                                                                                                 | 1. Back injury, muscle strain, hernia, etc.                                       | 1a. Use mechanical device when possible and practical.<br><br>2b. Use proper lifting procedures, such as: keep back straight, keep weight of object close to your body, bend knees, lift with your legs, do not make sudden moves or twists.<br><br>1c. Know your safe lifting weight.<br><br>1d. Secure help if needed, or if in doubt of your safe lifting weight. |

### ACTIVITY HAZARD ANALYSIS

|                        |                                                                   |                        |       |
|------------------------|-------------------------------------------------------------------|------------------------|-------|
| CONTRACT #:            | PROJECT / ACTIVITY:<br>Loading/unloading equipment on/off trailer | LOCATION:              | DATE: |
| EM 385-1-1 REFERENCES: | PERSON / CREW PERFORMING WORK:                                    | FOREMAN OR SUPERVISOR: |       |

**REQUIRED OR RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT:**

Hard hat, steel toe shoes, leather gloves

|              |              |              |
|--------------|--------------|--------------|
| ANALYSIS BY: | REVIEWED BY: | APPROVED BY: |
|--------------|--------------|--------------|

| ACTIVITY                       | POTENTIAL HAZARDS                                                                                                                                 | ACTION TO AVOID HAZARDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. Loading/unloading equipment | <p>1. Potential rollover of equipment</p> <p>2. Potential slippage of machinery</p> <p>3. Potential slip, trip, or fall onto or from trailer.</p> | <p>1a. Trailer must be parked on level ground.</p> <p>1b. Wheels on pulling vehicle must be locked.</p> <p>1c. Only trained operators will attempt to load/unload machinery.</p> <p>1d. Never attempt to load/unload machinery onto/off a trailer that is not attached to a pulling vehicle.</p> <p>1e. OSHA-approved hard hat must be worn when loading/unloading machinery.</p> <p>2a. Always inspect and replace any straps, chains, hold-downs or cables that are defective or show signs of significant wear.</p> <p>2b. Inspect all hold-downs to ensure that they are tight before departure.</p> <p>3a. Wear proper steel toe, non-slip sole shoes</p> <p>3b. Keep aware of the surroundings and potential trip hazards.</p> |

| ACTIVITY HAZARD ANALYSIS                                                                   |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONTRACT #:                                                                                | PROJECT / ACTIVITY:<br>Painting                                                                                                                                            | LOCATION: DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| EM 385-1-1 REFERENCES:                                                                     | PERSON / CREW PERFORMING WORK:                                                                                                                                             | FOREMAN OR SUPERVISOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| REQUIRED OR RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT:<br>Read and follow label directions |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ANALYSIS BY:                                                                               | REVIEWED BY:                                                                                                                                                               | APPROVED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ACTIVITY                                                                                   | POTENTIAL HAZARDS                                                                                                                                                          | ACTION TO AVOID HAZARDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| A. Painting                                                                                | 1. Handling<br>2. Paint spray equipment<br>3. Asphyxiation.<br>4. Falls<br>5. Paint spills, poisoning<br>6. Explosives, fires<br>7. Tripping, falling<br>8. Electric Shock | 1. Understand and follow directions on label for mixing/applying.<br>2. Know equipment being used.<br>3. Be sure area is well ventilated. Wear safety masks for fumes & vapors.<br>4. Stabilize ladders & scaffolds prior to climbing. Review ladder usage AHA.<br>5. Avoid contact with skin/eyes. Clean up spills to prevent falls.<br>6a. Use care in using cleaning solvent, avoid smoking and open flames<br>6b. All unopened paint, painting containers, paint-soiled clothing or drop cloths shall be stored in well ventilated area free from heat, sparks, flame or direct Sun rays.<br>6c. All paint scrapings and saturated debris must be removed from the premises daily.<br>7. Use care with paint spray hoses, electric lines and drop cloths to prevent tripping accidents.<br>8. Use extreme caution in handling extension ladders where overhead electric lines are present<br><br>All of the above must be in accordance with EM385-1-1. |

# VOLUNTEER JOB HAZARD ANALYSIS

Volunteer Name: \_\_\_\_\_

| VOLUNTEER POSITION                   | VOLUNTEER LOCATION | HAZARD(S)                             | ABATEMENT(S)                                                                                               |
|--------------------------------------|--------------------|---------------------------------------|------------------------------------------------------------------------------------------------------------|
| Office Duties                        |                    | Eye Strain                            | Use proper lighting.                                                                                       |
|                                      |                    | Back Strain                           | Lift with legs. Use proper lifting techniques.                                                             |
|                                      |                    | Electrical Shock                      | Use properly grounded equipment.                                                                           |
| Outside Grounds<br>Tours/Maintenance |                    | General Field Hazards                 | Be aware of, and alert to, natural hazards. Know where and how to get medical aid.                         |
|                                      |                    | Snake Bites                           | Wear proper footwear.                                                                                      |
|                                      |                    | Animal Bites                          | Use caution when encountered by animals.                                                                   |
|                                      |                    | Insect Bites and Stings               | Use caution and wear proper clothing.                                                                      |
|                                      |                    | Falling on Slippery or Rugged Terrain | Use caution and wear proper footwear.                                                                      |
|                                      |                    | Poison Ivy                            | Avoid poison ivy. Wash after contact with poison ivy.                                                      |
|                                      | Project Area       | Vehicle Accidents                     | Use defensive driving techniques.                                                                          |
| Boat Passenger                       |                    | Water and Floating Plant Hazards      | Have knowledge of water and machinery safety. Obey safety regulations in EM-385-1-1.                       |
|                                      |                    | Drowning                              | Wear life vest when possibility of falling into water exists. Know where life saving equipment is located. |
|                                      |                    | Tripping, Slipping, Falling           | Wear proper footwear. Maintain good housekeeping. Remove grease and oil from work surfaces.                |

APPENDIX C

Comments: \_\_\_\_\_

Volunteer: \_\_\_\_\_

Date: \_\_\_\_\_

Volunteer Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Volunteer Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

# EQUIPMENT OPERATOR'S QUALIFICATION RECORD (EXCEPT AIRCRAFT)

For use of this form, see AR 600-55; the proponent agency is DCS, G3/5/7.

|                                                              |                                  |                     |                     |                  |               |                                               |
|--------------------------------------------------------------|----------------------------------|---------------------|---------------------|------------------|---------------|-----------------------------------------------|
| NAME (Last, first, initial)<br>LAST, FIRST M.<br>123-12-1234 |                                  |                     |                     | PERMIT (Initial) |               |                                               |
|                                                              |                                  |                     |                     | NUMBER           |               | DATE ISSUED                                   |
|                                                              |                                  |                     |                     | TYPE             |               | LIMITATIONS (Physical or operational)         |
| SEX<br>Male                                                  | DATE OF BIRTH<br>01 January 1975 | COLOR HAIR<br>Black | COLOR EYES<br>Brown | HEIGHT<br>6'2"   | WEIGHT<br>185 | POSITION TITLE (If civilian)<br>Duty Position |

## SECTION I - OFFICIAL QUALIFICATIONS

| TYPE OF EQUIPMENT | SIZE      | SPECIAL QUALIFICATION <sup>1</sup> | DATE QUALIFIED | QUALIFIED AT | NAME OF EXAMINER |
|-------------------|-----------|------------------------------------|----------------|--------------|------------------|
| Sedan & S/W       | 5-8 Pax   | A1                                 |                | USAGY, TMP   |                  |
| Trk Util          | 1/2 Ton   | A1                                 |                | USAGY, TMP   |                  |
| Trk Carryall      | 12 Pax    | A1                                 |                | USAGY, TMP   |                  |
| Trk PU, PA        | 1/2-1 Ton | A1                                 |                | USAGY, TMP   |                  |
|                   |           |                                    |                |              |                  |
|                   |           |                                    |                |              |                  |
|                   |           |                                    |                |              |                  |

## SECTION II - BACKGROUND AND EXPERIENCE

| TYPE OF EQUIPMENT | SIZE | TYPE OF DRIVING OR OPERATION <sup>2</sup> | ADDITIONAL DRIVER'S LICENSES (State or agency) | NUMBER OF OTHER DRIVER'S LICENSES | SATISFACTORY EXPERIENCE VERIFIED BY |
|-------------------|------|-------------------------------------------|------------------------------------------------|-----------------------------------|-------------------------------------|
| Sedan             | 5P   | C&R                                       |                                                |                                   |                                     |
|                   |      |                                           |                                                |                                   |                                     |
|                   |      |                                           |                                                |                                   |                                     |

<sup>1</sup> Special equipment, special operations or conditions

<sup>2</sup> City, rural, long haul, etc.

## SECTION III - PERFORMANCE RECORD

(List chronologically as "credits" - awards, training, retraining, testing, retesting, roadeos, permit renewal, relicensing, etc; and as "debits" - accidents, arrests, violations, warnings, revocations, suspensions, etc.)

| DATE | CREDITS        | DEBITS | TYPE OR NATURE | ACTION TAKEN                             |
|------|----------------|--------|----------------|------------------------------------------|
|      | Interview      |        | Commander      | Completed Commander Interview IAW        |
|      |                |        |                | AR 600-55. Cert. by:                     |
|      | Training       |        | Qualifications | Completed Driver Training AR 600-55,     |
|      |                |        |                | 8th Army Suppl 1 to AR 600-55 &          |
|      |                |        |                | USFK Pam. 385-2 Cert by:                 |
|      | Training       |        | Winter Driving | IAW 8th Army Suppl 1 to AR 600-55        |
|      |                |        |                |                                          |
|      | Training       |        | AAAC           | USAGY, TMP Driver Testing Verified AAAC. |
|      |                |        |                |                                          |
|      | Test/Licensing |        | Standard       | IAW 8th Army Suppl 1 to AR 600-55.       |
|      |                |        |                |                                          |
|      |                |        |                |                                          |
|      |                |        |                |                                          |
|      |                |        |                |                                          |

| ACTIVITY HAZARD ANALYSIS                                                                                                               |                                                              |                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONTRACT #:                                                                                                                            | PROJECT / ACTIVITY:<br>Park Host/ Recreation Area Volunteers | LOCATION: DATE:                                                                                                                                                                        |
| EM 385-1-1 REFERENCES:                                                                                                                 | PERSON / CREW PERFORMING WORK:                               | FOREMAN OR SUPERVISOR:                                                                                                                                                                 |
| REQUIRED OR RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT:<br>weather monitor, large flashlight, sturdy shoes and volunteer identification |                                                              |                                                                                                                                                                                        |
| ANALYSIS BY:                                                                                                                           | REVIEWED BY:                                                 | APPROVED BY:                                                                                                                                                                           |
| ACTIVITY                                                                                                                               | POTENTIAL HAZARDS                                            | ACTION TO AVOID HAZARDS                                                                                                                                                                |
| Walk entire recreation area daily                                                                                                      | Snake, spider, insect bites                                  | Be aware of hiding places                                                                                                                                                              |
|                                                                                                                                        | Isolated areas                                               | Be aware of people<br>Walk with someone<br>If alone let partner know you are going out<br>Have emergency numbers near phone                                                            |
|                                                                                                                                        | Fallen branches                                              | Watch where you step<br>Avoid walking during high winds                                                                                                                                |
|                                                                                                                                        | Slippery rocks near lake                                     | Wear sturdy shoes<br>Step carefully                                                                                                                                                    |
|                                                                                                                                        | Traffic                                                      | Wear reflective clothing, particularly at night<br>Be vigilant near roads                                                                                                              |
|                                                                                                                                        | Broken glass                                                 | Watch where you step<br>Pick up very cautiously<br>Carry sturdy bag to collect broken glass                                                                                            |
|                                                                                                                                        | Weather                                                      | Be aware of adverse weather warnings<br>Have a plan in place to go to a safe area                                                                                                      |
|                                                                                                                                        | Ice and Snow                                                 | Put ice melt/salt in areas where ice collects<br>Watch your step                                                                                                                       |
|                                                                                                                                        | Limited visibility at night disguising tripping hazards      | Carry a flashlight                                                                                                                                                                     |
| Check for Maintenance Problems                                                                                                         | Exposed nails                                                | Cover nails up<br>Watch where you walk<br>Report location so hazard can be removed                                                                                                     |
|                                                                                                                                        | Slippery ground near leaky faucets                           | Watch where you walk<br>Wear shoes with good soles and traction                                                                                                                        |
|                                                                                                                                        | Improper Lifting                                             | Do not try to move something too big<br>Lift with legs not back or arms                                                                                                                |
| Supply Information to Visitors                                                                                                         | Angry, uncooperative visitors                                | Use tact<br>Avoid confrontational attitude<br>Call Corps or sheriff if needed<br>Do not open door at night<br>Talk through window<br>Offer to make phone call if they have car trouble |
| Supply Information to Visitors                                                                                                         | Intoxicated Visitors                                         | Call Corps office during work hours or sheriff after work hours                                                                                                                        |

| ACTIVITY HAZARD ANALYSIS                                                  |                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| CONTRACT #:                                                               | PROJECT / ACTIVITY:<br>Motor Vehicle Operation                                                                                                                                   | LOCATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DATE: |
| EM 385-1-1 REFERENCES:                                                    | PERSON / CREW PERFORMING WORK:                                                                                                                                                   | FOREMAN OR SUPERVISOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |
| REQUIRED OR RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT:<br>Seat Belt       |                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |
| ANALYSIS BY:                                                              | REVIEWED BY:                                                                                                                                                                     | APPROVED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |
| ACTIVITY                                                                  | POTENTIAL HAZARDS                                                                                                                                                                | ACTION TO AVOID HAZARDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| A. Vehicle operation<br><br>Defensive driving Trng required every 3 years | 1. Excessive speed<br><br>2. Not wearing seat belt.<br><br>3. Collision with other vehicles<br><br>4. Poor road conditions and weather conditions.<br><br>5. Physical exhaustion | 1. Drive according to posted speed limits, environment, and road conditions.<br><br>2. Wear seat belts when driving or riding in vehicle.<br><br>3. Be alert and exercise defensive driving techniques.<br><br>4a. Adjust Driving speed to compensate for road and surface conditions<br><br>4b. Reduce speed to prevent hydroplaning on wet road surfaces. Allow additional driving time or reschedule trips during severe weather.<br><br>5. Drivers should be capable and well rested before driving long distances. Change drivers frequently to prevent fatigue or drowsiness. Take frequent breaks as necessary. |       |



## ACTIVITY HAZARD ANALYSIS

**REQUIRED OR RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT:**

Seat belt, Hard Hat, Steel toed shoes

| ACTIVITY | POTENTIAL HAZARDS | ACTION TO AVOID HAZARDS |
|----------|-------------------|-------------------------|
|----------|-------------------|-------------------------|

|                                  |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. Backhoe Operation</p>      | <p>1. Potential rollover of equipment</p> <p>2. Objects and personnel</p> <p>3. Crushing of feet or hands</p> | <p>1a. Person must be qualified to operate heavy equipment.</p> <p>1b. Carry load low.</p> <p>1b. Wear seat belt at all times to prevent falling off equipment.</p> <p>1c. Try to stay on level ground.</p> <p>2a. Be aware of all objects and personnel in the area.</p> <p>2b. Make sure there is plenty of room for maneuvering equipment.</p> <p>3. Personnel must avoid equipment when lowering outriggers and buckets.</p> |
| <p>B. Transporting Equipment</p> | <p>1. Other Vehicles</p>                                                                                      | <p>1a. Be sure that all hazard lights work.</p> <p>1b. Wear seat belt at all times.</p> <p>1c. It is good to have someone follow behind equipment in a vehicle.</p> <p>1d. Be sure boom is in locked position.</p>                                                                                                                                                                                                               |

ACTIVITY HAZARD ANALYSIS

|                        |                                             |                        |       |
|------------------------|---------------------------------------------|------------------------|-------|
| CONTRACT #:            | PROJECT / ACTIVITY:<br>Building Bird Houses | LOCATION:              | DATE: |
| EM 385-1-1 REFERENCES: | PERSON / CREW PERFORMING WORK:              | FOREMAN OR SUPERVISOR: |       |

REQUIRED OR RECOMMENDED  
PERSONAL PROTECTIVE  
EQUIPMENT:  
Eye protection, ear protection, gloves

|              |              |              |
|--------------|--------------|--------------|
| ANALYSIS BY: | REVIEWED BY: | APPROVED BY: |
|--------------|--------------|--------------|

| ACTIVITY     | POTENTIAL HAZARDS                                                                                             | ACTION TO AVOID HAZARDS                                                                                           |
|--------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Cutting wood | Materials flying into eyes<br>Ear injury from power equipment<br>Wood splinters<br>Shock from power equipment | Wear eye protection<br>Wear ear protection<br>Wear gloves<br>Inspect equipment before use – do not use near water |
| Nailing      | Hammering fingers                                                                                             | Use vise to hold material                                                                                         |

# ACTIVITY HAZARD ANALYSIS

|                                                                                                               |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONTRACT #:                                                                                                   | PROJECT / ACTIVITY:<br>Boarding / Unboarding Boats | LOCATION<br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| EM 385-1-1 REFERENCES:                                                                                        | PERSON / CREW PERFORMING WORK:                     | FOREMAN OR SUPERVISOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| REQUIRED OR RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT:<br>Personal Flotation Device, UV Sunglasses, Sunscreen |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ANALYSIS BY:                                                                                                  | REVIEWED BY:                                       | APPROVED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ACTIVITY                                                                                                      | POTENTIAL HAZARDS                                  | ACTION TO AVOID HAZARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Boarding                                                                                                      | 1. Falling Overboard<br><br>2. Capsizing           | 1. Have everyone put on and use life jackets before boarding boat. When boarding, make sure guests where to sit. Make sure as steady as possible while boarding a small boat from a dock. Step into the center of the boat. Hold onto both sides to keep your balance.<br><br>2. When your guests are aboard, make sure their weight is distributed evenly side to side to keep the boat in balance. Do not exceed the total weight and number of people listed on the boat's capacity plate. When the boat rides in the water, the easier it is to move or wakes to swamp it. If it is necessary to change positions in the boat, request everyone to come to a complete stop. When changing positions, keep low in the boat and hold onto both sides for balance. |
| Unboarding                                                                                                    | 1. Falling overboard<br><br>2. Capsizing           | 1. Keep body low and hold to sides for balance. Keep PFDs on until you are completely exited the vessel.<br><br>2. Make sure boat is secured properly before shifting of weight and boat.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Loading / Unloading                                                                                           | 1. Capsizing<br><br>2. Falling                     | 1. Hand equipment to someone else. Don't carry equipment aboard. Distribute weight evenly fore and aft. Never stand on the boat: its stability is greatly affected.<br><br>2. Keep deck areas clean. When loading, make sure all supplies are secured, and well organized.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

[illegible]

ACTIVITY HAZARD ANALYSIS

|                        |                                 |                        |       |
|------------------------|---------------------------------|------------------------|-------|
| CONTRACT #:            | PROJECT / ACTIVITY:<br>Mulching | LOCATION:              | DATE: |
| EM 385-1-1 REFERENCES: | PERSON / CREW PERFORMING WORK:  | FOREMAN OR SUPERVISOR: |       |

REQUIRED OR RECOMMENDED  
PERSONAL PROTECTIVE  
EQUIPMENT: Gloves

|              |              |              |
|--------------|--------------|--------------|
| ANALYSIS BY: | REVIEWED BY: | APPROVED BY: |
|--------------|--------------|--------------|

| ACTIVITY        | POTENTIAL HAZARDS                                  | ACTION TO AVOID HAZARDS                                                                                                                                                   |
|-----------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Shoveling mulch | Back injury<br><br>Blisters<br><br>Injuring others | Use proper lifting techniques<br><br>Do not lift more than you are capable<br><br>Wear gloves<br><br>Be sure no one is behind or around you<br>Do not swing shovel around |
| Wheelbarrow Use | Back injury<br><br>Injuring others                 | Use proper lifting techniques<br><br>Do not lift more than you are capable<br><br>Watch where you are going                                                               |

| ACTIVITY HAZARD ANALYSIS                                                                        |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONTRACT #:                                                                                     | PROJECT / ACTIVITY:<br>Backhoe Operation                                                               | LOCATION:                      DATE:                                                                                                                                                                                                                                                                                                                                                                                      |
| EM 385-1-1 REFERENCES:                                                                          | PERSON / CREW PERFORMING WORK:                                                                         | FOREMAN OR SUPERVISOR:                                                                                                                                                                                                                                                                                                                                                                                                    |
| REQUIRED OR RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT:<br>Seat belt, Hard Hat, Steel toed shoes |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ANALYSIS BY:                                                                                    | REVIEWED BY:                                                                                           | APPROVED BY:                                                                                                                                                                                                                                                                                                                                                                                                              |
| ACTIVITY                                                                                        | POTENTIAL HAZARDS                                                                                      | ACTION TO AVOID HAZARDS                                                                                                                                                                                                                                                                                                                                                                                                   |
| A. Backhoe Operation                                                                            | 1. Potential rollover of equipment<br><br>2. Objects and personnel<br><br>3. Crushing of feet or hands | 1a. Person must be qualified to operate heavy equipment.<br><br>1b. Carry load low.<br><br>1b. Wear seat belt at all times to prevent falling off equipment.<br><br>1c. Try to stay on level ground.<br><br>2a. Be aware of all objects and personnel in the area.<br><br>2b. Make sure there is plenty of room for maneuvering equipment.<br><br>3. Personnel must avoid equipment when lowering outriggers and buckets. |
| B. Transporting Equipment                                                                       | 1. Other Vehicles                                                                                      | 1a. Be sure that all hazard lights work.<br><br>1b. Wear seat belt at all times.<br><br>1c. It is good to have someone follow behind equipment in a vehicle.<br><br>1d. Be sure boom is in locked position.                                                                                                                                                                                                               |

| ACTIVITY HAZARD ANALYSIS                                                                                                                                       |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONTRACT #:                                                                                                                                                    | PROJECT / ACTIVITY:<br>Lifting-tools, equipment, materials, various objects, etc. | LOCATION: DATE:                                                                                                                                                                                                                                                                                                                                                      |
| EM 385-1-1 REFERENCES:                                                                                                                                         | PERSON / CREW PERFORMING WORK:                                                    | FOREMAN OR SUPERVISOR:                                                                                                                                                                                                                                                                                                                                               |
| REQUIRED OR RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT:<br>Leather gloves, steel toe shoes or boots, leg chaps, hard hat etc. depending on what is being lifted |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                      |
| ANALYSIS BY:                                                                                                                                                   | REVIEWED BY:                                                                      | APPROVED BY:                                                                                                                                                                                                                                                                                                                                                         |
| ACTIVITY                                                                                                                                                       | POTENTIAL HAZARDS                                                                 | ACTION TO AVOID HAZARDS                                                                                                                                                                                                                                                                                                                                              |
| A. Lifting- tools, equipment, materials, various objects, etc.                                                                                                 | 1. Back injury, muscle strain, hernia, etc.                                       | 1a. Use mechanical device when possible and practical.<br><br>2b. Use proper lifting procedures, such as; keep back straight, keep weight of object close to your body, bend knees, lift with your legs, do not make sudden moves or twists.<br><br>1c. Know your safe lifting weight.<br><br>1d. Secure help if needed, or if in doubt of your safe lifting weight. |

| ACTIVITY HAZARD ANALYSIS                                                                   |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONTRACT #:                                                                                | PROJECT / ACTIVITY:<br>Painting                                                                                                                                            | LOCATION: DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| EM 385-1-1 REFERENCES:                                                                     | PERSON / CREW PERFORMING WORK:                                                                                                                                             | FOREMAN OR SUPERVISOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| REQUIRED OR RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT:<br>Read and follow label directions |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ANALYSIS BY:                                                                               | REVIEWED BY:                                                                                                                                                               | APPROVED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ACTIVITY                                                                                   | POTENTIAL HAZARDS                                                                                                                                                          | ACTION TO AVOID HAZARDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| A. Painting                                                                                | 1. Handling<br>2. Paint spray equipment<br>3. Asphyxiation.<br>4. Falls<br>5. Paint spills, poisoning<br>6. Explosives, fires<br>7. Tripping, falling<br>8. Electric Shock | 1. Understand and follow directions on label for mixing/applying.<br>2. Know equipment being used.<br>3. Be sure area is well ventilated. Wear safety masks for fumes & vapors.<br>4. Stabilize ladders & scaffolds prior to climbing. Review ladder usage AHA.<br>5. Avoid contact with skin/eyes. Clean up spills to prevent falls.<br>6a. Use care in using cleaning solvent, avoid smoking and open flames<br>6b. All unopened paint, painting containers, paint-soiled clothing or drop cloths shall be stored in well ventilated area free from heat, sparks, flame or direct Sun rays.<br>6c. All paint scrapings and saturated debris must be removed from the premises daily.<br>7. Use care with paint spray hoses, electric lines and drop cloths to prevent tripping accidents.<br>8. Use extreme caution in handling extension ladders where overhead electric lines are present<br>All of the above must be in accordance with EM385-1-1. |



# ACTIVITY HAZARD ANALYSIS

|                        |                                             |                        |       |
|------------------------|---------------------------------------------|------------------------|-------|
| CONTRACT #:            | PROJECT / ACTIVITY:<br>Building Bird Houses | LOCATION:              | DATE: |
| EM 385-1-1 REFERENCES: | PERSON / CREW PERFORMING WORK:              | FOREMAN OR SUPERVISOR: |       |

REQUIRED OR RECOMMENDED  
PERSONAL PROTECTIVE  
EQUIPMENT:  
Eye protection, ear protection, gloves

|              |                                                                                                               |                                                                                                                      |
|--------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| ANALYSIS BY: | REVIEWED BY:                                                                                                  | APPROVED BY:                                                                                                         |
| ACTIVITY     | POTENTIAL HAZARDS                                                                                             | ACTION TO AVOID HAZARDS                                                                                              |
| Cutting wood | Materials flying into eyes<br>Ear injury from power equipment<br>Wood splinters<br>Shock from power equipment | Wear eye protection<br>Wear ear protection<br>Wear gloves<br>Inspect equipment before use – do not<br>use near water |
| Nailing      | Hammering fingers                                                                                             | Use vise to hold material                                                                                            |

| ACCIDENT PREVENTION PROGRAM<br>JOB HAZARD ANALYSIS             |                       |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |  |
|----------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|
| 1. Contract No.: N/A                                           |                       | 2. Project: Volunteer Cleaning                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3. Facility:             |  |
| 4. Date:                                                       |                       | 5. Location:                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6. Estimated Start Date: |  |
| 7. Item                                                        | 8. Phase of Work      | 9. Safety Hazard                                                                                                                               | 10. Precautionary Action Taken                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |  |
| 1.                                                             | Cleaning of restrooms | Slipping/falling, skin irritation, exposure to human waste inhalation of toxic fumes, eye injury, back injury, wasp and bee sting, spider bite | <ul style="list-style-type: none"> <li>- Soap must be thoroughly rinsed from the floors.</li> <li>- Standing water must be removed from the floors.</li> <li>- Plastic gloves must be worn while cleaning.</li> <li>- The cleaner will not mix any chemicals together. This includes placing two different chemicals on the same surface. If the cleaner decides that the cleaning chemical provided does not do the job, he/she will notify the Corps. The cleaner will not attempt to mix or add anything to the cleaning compound in order to make it work better.</li> <li>- The cleaner will prop the door open while using the wall cleaner (Scrub Free) and the toilet bowl cleaner (Zep Bowl Shine).</li> <li>- The cleaner will wear safety glasses while using the toilet bowl cleaner. The cleaner will try to prevent splashing when using all other cleaning chemicals.</li> <li>- The cleaner will use the provided mop buckets with wheels.</li> <li>- The cleaner will lift any heavy objects safely (keeping back straight and bending the knees).</li> <li>- The cleaner will look for wasp and bee nests at the entrance of all buildings and spray nests with the provided wasp spray.</li> <li>- The cleaner will remove all spider nests during each cleaning to prevent spiders.</li> </ul> |                          |  |
| 11. Contractor / Volunteer (Signature and Date)                |                       |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |  |
| 12. Report discussed with contractor / superintendent on _____ |                       | 13. Contracting officer (Signature and Date)<br>or<br>Contracting Officer Representative                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |  |
| 19                                                             |                       |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |  |
| Area/Resident Engineer (signature) _____                       |                       |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |  |

| ACTIVITY | LOCATION | HAZARD | CONTROLS |
|----------|----------|--------|----------|
|----------|----------|--------|----------|

## JOB HAZARD ANALYSIS

|                                     |                                 |                |       |
|-------------------------------------|---------------------------------|----------------|-------|
| JOB SERIES: 0025                    | JOB TITLE: Volunteer Park Hosts |                |       |
| EMPLOYEE NAME (Please Print):       |                                 | OFFICE SYMBOL: |       |
| EMPLOYEE SIGNATURE:                 |                                 |                | DATE: |
| ANALYZED BY (Immediate Supervisor): |                                 |                | DATE: |
| REVIEWED BY (Safety Office):        |                                 |                | DATE: |

|                                                                                                                                    | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Is employee in the Medical Surveillance Program?                                                                                   |     |    |
| Is employee required to wear personal protective equipment (i.e., safety boots or glasses, respirators, hearing protection, etc.)? |     |    |
| Does employee require safety training (i.e., HTRW, confined space, HAZCOM, respirator, electrical, hearing)?                       |     |    |

| ACTIVITY | LOCATION | HAZARD | CONTROLS |
|----------|----------|--------|----------|
|----------|----------|--------|----------|

Park Patrols/First Aid  
Rescue/Office Work/  
Visitor Center/Wildlife  
Control/Vehicle  
Operation

Project / Field Locations  
Water/ Vehicle

! Ensure proper lighting. Ensure computer monitor and document copy stand are at approximately the same height and distance. Reduce computer screen glare by installing anti-glare/anti-static screens.

Wrist strain

Ensure computer keyboards are adjusted so that the elbows are at a 90 degree angle and arms and hands are parallel to the floor. Use wrist rests or other support so that wrists are maintained in a neutral position.

Neck/shoulder fatigue

Ensure video display terminals are properly adjusted so that the top of the screen is slightly below eye level and the screen is between 18 and 28 inches away. Document or copy holders should be at the same height and distance as the screen.

Slips/trips/falls

Use good housekeeping practices. Secure tripping hazards (cords) to floor. Do not leave file drawers open when unattended.

Lifting

Use proper lifting techniques. Get assistance when necessary. When lifting, keep the load close to the body and lift with the legs.

0025.JHA

Revised 05/13/21

| ACTIVITY | LOCATION | HAZARD                                                                  | CONTROLS                                                                                                                                                                                                                     |
|----------|----------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          |          | Electrical shock                                                        | Do not reconfigure wiring in systems furniture panels. Ensure equipment is properly maintained and grounded. Protect electrical cords from damage by using cord covers. Do not overload outlets.                             |
|          |          | Office machinery                                                        | Do not wear loose clothing or jewelry. Be cautious when making mylar copies (hot).                                                                                                                                           |
|          |          | Walking                                                                 | Be alert of walking surface,.                                                                                                                                                                                                |
|          |          | Falling off of furniture                                                | Use step stool. Do not use furniture as a ladder.                                                                                                                                                                            |
|          |          | Cutting tools                                                           | Cut in the direction away from hands and body.                                                                                                                                                                               |
|          |          | File cabinets/shelves                                                   | To avoid tipping, fill the bottom file/shelve first. Do not open more than one drawer at a time. Place heavy objects in the bottom drawers/shelves.                                                                          |
|          |          | Prolonged standing/walking                                              | Be in good physical condition. Take breaks as required.                                                                                                                                                                      |
|          |          | Physical assault from irritated, distraught, or intoxicated individuals | Knowledge of non-threatening communications. Know how to get assistance. Knowledge of self-defense and avoidance procedures.                                                                                                 |
|          |          | Compressive foot injuries                                               | Wear appropriate safety shoes/boots that meet ANSI Z 41.                                                                                                                                                                     |
|          |          | Ankle injuries                                                          | Wear proper field boots with ankle height of at least 4 inches.                                                                                                                                                              |
|          |          | Head injuries                                                           | Wear hard hat when exposed to overhead hazards. Hard hats are required to be worn at all times when in Hard Hat Areas. Wear helmets when operating a motorized bike.                                                         |
|          |          | Eye injuries                                                            | Wear appropriate eye protection as necessary.                                                                                                                                                                                |
|          |          | Hand injuries                                                           | Wear appropriate gloves as necessary.                                                                                                                                                                                        |
|          |          | Chainsaw cuts                                                           | Wear protective clothing (headgear, goggles, hearing protection, gloves, boots, and leg guards). Use proper cutting techniques.                                                                                              |
|          |          | Lifting                                                                 | Use proper lifting techniques. Get assistance when necessary. When lifting, keep the load close to the body and lift with the legs.                                                                                          |
|          |          | Electrical shock                                                        | Ensure equipment is properly maintained and grounded and has GFCI protection. Ensure all extension cords are the correct type and are protected from damage. Ensure equipment is locked/tagged out before any work is begun. |
|          |          | Noise                                                                   | Wear proper hearing protection devices.                                                                                                                                                                                      |
|          |          | Slips/trips/falls                                                       | Use good housekeeping practices. Be observant of walking/working surfaces.                                                                                                                                                   |
|          |          | Falling on slippery or rugged terrain                                   | Wear proper field boots and be observant of terrain. Use safety lines when necessary.                                                                                                                                        |

0025.JHA

Revised 05/13/21

| ACTIVITY | LOCATION | HAZARD                                                     | CONTROLS                                                                                                                                                                 |
|----------|----------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          |          | Snake bites                                                | Wear proper field boots or snake chaps. Do not harass/kill snakes.                                                                                                       |
|          |          | Animal bites                                               | Wear proper clothing. Do not approach animals. Use caution and composure when encountering animals.                                                                      |
|          |          | Insect bites and stings                                    | Knowledge and avoidance of such insects. Caution and knowledge of any allergies to such bites or stings. Do not wear perfume or cologne. Know where to obtain first aid. |
|          |          | Tick bites                                                 | Wear proper clothing. Light colored long sleeved shirts tucked inside pants. Make frequent checks for the presence of ticks and use proper removal techniques if found.  |
|          |          | Poisonous plants<br>Fumes and dust                         | Knowledge and avoidance of such plants. Wash after contact. Ensure proper ventilation and wear respirator if necessary.                                                  |
|          |          | Hazardous/flammable chemicals                              | Obey manufacturer's handling, storage, and use recommendations. Read Material Safety Data Sheet for specific hazards before use.                                         |
|          |          | Moving equipment                                           | Keep alert and out of the way of heavy equipment.                                                                                                                        |
|          |          | Exposure to the elements                                   | Wear proper clothing. Be aware of exposure duration and limit duration if necessary. Be knowledgeable of the symptoms of exposure related illnesses.                     |
|          |          | Burns/smoke                                                | Use appropriate fire fighting techniques. Wear proper protective clothing (fire suit, gloves, respirator, etc.) and equipment.                                           |
|          |          | Cuts and bruises                                           | Wear proper clothing. Use caution.                                                                                                                                       |
|          |          | Lifting                                                    | Use proper lifting techniques. Get assistance when necessary. Keep the load close to the body and lift with the legs.                                                    |
|          |          | Brush cutting                                              | Maintain safe distance from equipment. Stay clear of flying objects. Wear appropriate personal protective equipment.                                                     |
|          |          | Prolonged standing, walking, lifting, bending, and pushing | Be in good physical condition. Take breaks as required.                                                                                                                  |
|          |          | Exposure to diseases                                       | Wear proper protective clothing. Wash immediately after contact. Dispose of infected waste in appropriately marked biohazard bags.                                       |
|          |          | Exposure to the elements                                   | Wear proper clothing. Be aware of exposure duration and limit duration if necessary. Be knowledgeable of the symptoms of exposure related illnesses.                     |
|          |          | Falling on slippery or rugged terrain                      | Wear proper field boots and be observant of terrain. Use safety lines when necessary.                                                                                    |
|          |          | Cuts and bruises                                           | Wear proper clothing. Use caution.                                                                                                                                       |

0025.JHA

Revised 05/13/21

| ACTIVITY | LOCATION | HAZARD                           | CONTROLS                                                                                                                                                                                                  |
|----------|----------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          |          | Lifting                          | Use proper lifting techniques. Get assistance when necessary. Keep the load close to the body and lift with the legs.                                                                                     |
|          |          | Exposure to the elements         | Wear proper clothing. Be aware of exposure duration and limit duration if necessary. Be knowledgeable of the symptoms of exposure related illnesses.                                                      |
|          |          | Entanglement in lines            | Worn or damaged lines will not be used. Avoid pinch points and stay clear of lines under strain.                                                                                                          |
|          |          | Entanglement in moving machinery | All points requiring lubrication during operation shall have fittings so located or guarded as to be accessible without hazardous exposure and all moving parts shall be guarded when exposed to contact. |
|          |          | Electric shock                   | Ensure equipment is properly maintained and grounded.                                                                                                                                                     |
|          |          | Vessel damage/sinking            | Obey navigation rules and weather warnings. Be aware of emergency evacuation procedures.                                                                                                                  |
|          |          | Fire and explosion               | Be knowledgeable of appropriate fire fighting techniques and equipment.                                                                                                                                   |
|          |          | Bites/scratches                  | Wear appropriate protective clothing and follow animal control procedures and techniques.                                                                                                                 |
|          |          | Disease                          | Wear appropriate protective clothing and have current immunizations.                                                                                                                                      |
|          |          | Motor vehicle accidents          | Obey traffic laws. Adjust vehicle operation to road and weather conditions. Employ defensive driving techniques.                                                                                          |
|          |          | Uneven surfaces                  | Reduce speed appropriately.                                                                                                                                                                               |
|          |          | Deer and other wildlife          | Stay alert, use caution, and drive defensively.                                                                                                                                                           |
|          |          | Dust                             | Drive with windows closed.                                                                                                                                                                                |
|          |          | Reduced visibility               | Ensure windows/mirrors are free from snow and ice. Drive with headlights on. Reduce speed appropriately.                                                                                                  |
|          |          | Slick, snowy, or icy roads       | Use studded or chained tires, reduce speed, and increase following distances.                                                                                                                             |

0025 JHA

Revised 05/13/21

# REQUEST FOR GOV VEHICLE LICENSE (OF346) WORKSHEET

DATE:

For use of this form, see AK Reg 385-11; the proponent agency is 8A Safety.

**Authority:** DoDM 4500.36, Management, Acquisitions, and Use of DoD Non-Tactical Vehicles and AR 58-1.

**Principle Purpose:** To ensure personnel applying for government driver's license understand their duties as a driver, and could be punishable under UCMJ.

**Disclosure is Voluntary:** Disclosure of your personal information is voluntary; however, failure to disclose it may delay processing of your application.

## SECTION I - INDIVIDUAL DATA (Fill out legibly blocks 1 thru 15)

|                                                                       |  |  |                 |  |                                                               |  |                   |  |                                                                    |  |
|-----------------------------------------------------------------------|--|--|-----------------|--|---------------------------------------------------------------|--|-------------------|--|--------------------------------------------------------------------|--|
| 1. Name: (Last, First, MI)                                            |  |  | 2. Grade        |  | 3. Sex: M <input type="checkbox"/> F <input type="checkbox"/> |  | 4. DOB: DD/MMM/YY |  | 5. DOD ID #                                                        |  |
| 6. Driver's License #:                                                |  |  | 7. State:       |  | 8. Expires: DD/MMM/YY                                         |  | 9. DEROS          |  | 10. Glasses: Y <input type="checkbox"/> N <input type="checkbox"/> |  |
| 11. Colorblind: Y <input type="checkbox"/> N <input type="checkbox"/> |  |  | 12. Height:     |  | 13. Weight:                                                   |  | 14. Hair Color:   |  | 15. Eye Color:                                                     |  |
| 16. Unit:                                                             |  |  | 17. Duty Phone: |  |                                                               |  |                   |  |                                                                    |  |

## SECTION II - LICENSING FACILITY USE ONLY

|                |                |             |
|----------------|----------------|-------------|
| VISUAL ACUITY: | REACTION TEST: | TEST SCORE: |
|----------------|----------------|-------------|

## SECTION III - INTERACTIVE DISCUSSION

**Briefing Instructions:** Discuss training, experience, liabilities, safety equipment, and responsibilities with a person requesting a license for an NTV. This worksheet is not intended to prohibit personnel from being licensed on an NTV, but to ensure they are familiar with the hazards, risks, and liabilities associated with operating an NTV in Korea. Ensure the individual understands the need to exercise sound judgement and self-discipline and to not put life, limb, or the performance of their duties at risk. **NOTE:** IAW AR 600-55, 3-2, personnel obtaining a government license require a Commander's Interview and this form will not suffice as the interview. **NOTE:** Commanders that suspect a driver's license has been revoked may request assistance from the local provost marshal/military police station to validate the operator's driver record.

| Operator's Initials | AREAS OF DISCUSSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                     | <b>Training:</b> To receive an NTV License (OF346), personnel must take the U.S. Forces Korea Driver Licensing Course and pass the exam on JKO, and must present a valid U.S. Driver's License as a prerequisite to obtaining an OF346. Additionally, this is a requirement to operate Tactical Vehicles as part of SOFA & AK Reg 385-11.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                     | <b>Risks:</b> Driving an NTV in Korea involves some risks not encountered when driving in the United States. <ul style="list-style-type: none"> <li>• If never driven in Korea, it will be the driver's and unit's responsibility to ensure they are trained accordingly. It will be unit specific to enforce training, prior to operating an NTV.</li> <li>• Drivers must be very attentive and obey the Korean traffic laws.</li> <li>• Have situational awareness when approaching intersections, especially with red flashing lights. Vehicle is supposed to stop, but be aware of other vehicles behind when stopping.</li> <li>• Have situational awareness when approaching crosswalks; pedestrians may walk across without looking and may walk without a GREEN light on the crosswalk.</li> <li>• Other motorists and motorcycles will make sudden lane changes that could impact your driving habits, don't get frustrated or become hostile.</li> <li>• If involved in an accident, assess the situation (take care of injured, if applicable), call MPs, do not move the vehicle until told to do so by KNP/MPs, take pictures (if applicable), fill out SF Form 91/DD Form 518.</li> </ul>                                                                                                                                                                                                                                  |
|                     | <b>PMCS/Safety Equipment/Dispatching:</b> <ul style="list-style-type: none"> <li>• Personnel operating a government vehicle must conduct a PMCS, identify any faults and annotate the date prior to operation of vehicle.</li> <li>• While performing a PMCS, ensure at a minimum, warning triangles and a first aid kit are present; fire extinguisher, if applicable.</li> <li>• Drivers will only operate the vehicle if properly licensed, physically have the OF346 License, and have signed the dispatch as the operator appropriately.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                     | <b>Highway Condition Codes (USFK Regulation 190-1):</b> Highway conditions color codes are used to categorize risk associated with using roads in the local reporting area. They are regulatory in nature when driving a GOV. <ul style="list-style-type: none"> <li>• <b>GREEN</b> – road conditions are normal</li> <li>• <b>AMBER</b> – only GOVs essential for official business will be allowed to exit the installation. Approval authority for government owned vehicle operations during amber road conditions is the Company / Detachment Commander, an officer with the rank of Captain (O-3) or above, a Warrant Officer in the grade of CW3 or above, or civilian supervisors in the grade of GS-10 or KGS-10 or above.</li> <li>• <b>RED</b> – only essential and emergency missions are authorized to operate on or exit the installation. Approval authority for government owned vehicle operations during red road conditions is an officer with the rank of lieutenant colonel (O-5) or above, or civilian supervisors in the grade of GS-13 or KGS-13 or above.</li> <li>• <b>BLACK</b> – road is not passable. Commanders in the grade of colonel (O-6) or above must personally authorize the use of emergency vehicles.</li> </ul> <b>NOTE:</b> During peak holidays of Chuseok and Lunar New Years, road conditions will range from AMBER to BLACK. During this time, GOV use ONLY on installation is authorized. |

## SECTION IV - INTERACTIVE DISCUSSION

**Misuse of Government Vehicles:** Allegations concerning fraud, waste, or abuse of Government property and resources are frequent, particularly regarding the misuse of Government owned/controlled non-tactical vehicles (NTV). In Korea, most Soldiers are not authorized POVs and rely heavily on unit assigned NTVs for transportation. Unfortunately, many Soldiers also use the poor excuse of "I did not know" when confronted with an allegation of NTV misuse. Ultimately, leaders are responsible for enforcing the proper use and control of their assigned NTVs, and are also responsible for informing their subordinates regarding the proper use of NTVs within their commands and sections.

| Operator's Initials | AREAS OF DISCUSSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                     | <p><b>Penalties for Misuse of Government Vehicles (AR 58-1, para 2-5):</b> Government vehicles are for official purposes only and will not be used for personal advantage or convenience. Employees must protect and conserve Government property and use it (or allow its use) for authorized purposes only. The unauthorized or willful misuse of Army-owned or Army-controlled NTVs (includes all vehicles, no matter how they were funded) may be cause for disciplinary action as follows:</p> <ul style="list-style-type: none"> <li><b>Civilian Personnel:</b> Any employee of the Government who willfully uses or authorizes the use of any Government-owned or Government-leased NTV except for official purposes as authorized by 31 USC 1344, will be suspended from duty, without compensation, for not less than 30 days, and will be suspended for a longer period or summarily removed from office if circumstances warrant (see 31 USC 1349(b)).</li> <li><b>Military Personnel:</b> Military personnel who willfully use or authorize the use of any Government-owned or Government-leased motor vehicle except for official purposes as authorized by 31 USC 1344 may be disciplined under provisions of the Uniform Code of Military Justice or other administrative procedures deemed appropriate.</li> <li><b>Financial Liability:</b> Financial liability may be assessed against Soldiers of the Army (including members of the Army Reserve and National Guard) and DAC employees when Government property is lost, damaged, or destroyed, as a result of their negligence, willful misconduct, deliberate unauthorized use, or failure to operate the vehicle in a safe manner in accordance with applicable traffic safety laws.</li> </ul> <p>Depending on facts and circumstances, the criminal sanctions of 18 USC 641, may apply to the misuse of a Government NTV. The statute provides for a fine or imprisonment for up to 10 years or both.</p> <p><b>Damage (AR 58-1, para 2-10):</b> If a unit and/or activity is responsible for damages, it will bear all cost for removing and repairing the vehicle. If the vehicle is damaged beyond repair, the unit will be charged all costs, of the vehicle, including fair market value, less any salvage value.</p> |
|                     | <p><b>Prohibitions (AR 58-1, para 2-4):</b></p> <ul style="list-style-type: none"> <li>Official motor vehicle transportation requirements do not include: transportation to private social functions; personal errands or side trips for unofficial purposes; transportation of Family members or visitors without an accompanying official; or supporting non-DOD activities.</li> <li>Government vehicles will not be used for transportation to, or be parked at, commissaries, post exchanges (including all concessions), bowling alleys, MWR clubs, commercial on-post restaurants, or any non-appropriated fund activity unless personnel using the vehicles are on official Government business or are TDY away from the Soldier's or DAC's home station. Assigned military police (MP), DAC police, DA security guards as well as Fire and Emergency Services (F&amp;ES) personnel are exempt from this restriction provided the occupants and operators of the NTV are first responders on official Army duty.</li> <li>NTVs will not be used to transport personnel over all or any part of the route between their domiciles and places of duty or employment.</li> <li>NTVs will not be used to transport Army personnel and/or their Family members to, from, or between Government facilities or commercial establishments for the purpose of conducting personal business or engaging in other activities of a personal nature. For example, NTVs will not be used to transport personnel to pick up or deliver any items or supplies that are required for any unofficial functions or activities such as office coffee funds, office luncheons, or office parties.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                     | <ul style="list-style-type: none"> <li>Military personnel will not wear civilian clothing, including PT uniforms, while operating NTVs, unless specifically authorized by the commander or staff agency director of the requesting activity.</li> <li>Personnel will not use headphones, earbuds, or any other listening device while operating a motor vehicle IAW AR 600-55, para 11-4,d.</li> <li>Toll booths: Drivers will not use Hi-Pass and will use available lanes to either take a ticket, turn in ticket, or tollbooth personnel need to write down the license plate number. Ticket will be legibly annotated with the license plate number.</li> <li>Restricted Bus Lanes will ONLY be used in a 9 passenger vans or larger, with 6 or more personnel.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

**By signing this document, the applicant has previously received a Commander's Interview IAW AR 600-55, para 3-2. This document is not a replacement of the Commander's Interview.**

|      |                                                                                    |
|------|------------------------------------------------------------------------------------|
| Date | SIGNATURE OF APPLICANT                                                             |
|      |                                                                                    |
| Date | COMPANY COMMANDER OR MASTER DRIVER (LAST, FIRST) & RANK    UNIT DSN #    SIGNATURE |
|      |                                                                                    |



## Log of Work-Related Injuries and Illnesses

**U.S. Department of Labor**  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment name

City  
State

**Be sure to transfer these totals to the Summary page (Form 300A) before you post it.**

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

| SECTION IV - EXAMINATION FINDINGS                                                                             |  |                                                                                                                                                      |                   |                                        |                                                                       |                                                         |                    |                                                   |                   |
|---------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------|--------------------|---------------------------------------------------|-------------------|
| <b>BATTERY I -</b> (Administered as a part of reception processing, at reception stations)                    |  | <b>BATTERY II -</b> (To be administered to all applicants for Driver Permit SF 46) (To transfer raw score to standard score see DA Pamphlet 611-119) |                   |                                        |                                                                       |                                                         |                    |                                                   |                   |
|                                                                                                               |  | DA FORM 6122                                                                                                                                         |                   |                                        | RAW SCORE                                                             |                                                         |                    | STANDARD SCORE                                    |                   |
| ENTER SCORE FROM<br>ITEM 24 OF INDIVIDUAL'S DA FORM 20                                                        |  | DA FORM 6123                                                                                                                                         |                   |                                        |                                                                       |                                                         |                    |                                                   |                   |
|                                                                                                               |  | DA FORM 6124                                                                                                                                         |                   |                                        |                                                                       |                                                         |                    |                                                   |                   |
|                                                                                                               |  | <b>TOTAL STANDARD SCORE</b>                                                                                                                          |                   |                                        |                                                                       |                                                         |                    |                                                   |                   |
|                                                                                                               |  | STANDARD SCORE FOR BATTERY II (Divide Total Standard Score by 3)                                                                                     |                   |                                        |                                                                       |                                                         |                    |                                                   |                   |
| STANDARD SCORE                                                                                                |  | SUCCESSFUL COMPLETION<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO                                                                |                   |                                        | EXAMINATION ADMINISTERED BY (Last name - first name - middle initial) |                                                         |                    |                                                   |                   |
| <b>I PHYSICAL EVALUATION MEASURES</b>                                                                         |  |                                                                                                                                                      |                   | ✓ - IF QUALIFIED<br>X - IF SUBSTANDARD |                                                                       | SIGNATURE OF EXAMINER                                   |                    | COMMENTS AND RECOMMENDATIONS ON SUBSTANDARD ITEMS |                   |
| 1. VISUAL ACUITY                                                                                              |  | LEFT EYE<br>20/                                                                                                                                      | RIGHT EYE<br>20/  |                                        |                                                                       |                                                         |                    |                                                   |                   |
| 2. FIELD OF VISION                                                                                            |  | LEFT EYE<br>/°                                                                                                                                       | RIGHT EYE<br>/°   |                                        |                                                                       |                                                         |                    |                                                   |                   |
| 3. HEARING                                                                                                    |  | LEFT EAR<br>/20                                                                                                                                      | RIGHT EAR<br>/20  |                                        |                                                                       |                                                         |                    |                                                   |                   |
| 4. REACTION TIME                                                                                              |  | /100 SEC                                                                                                                                             | /100 SEC          |                                        |                                                                       |                                                         |                    |                                                   |                   |
| 5. DEPTH PERCEPTION                                                                                           |  |                                                                                                                                                      |                   |                                        |                                                                       |                                                         |                    | SIGNATURE OF MEDICAL AUTHORITY                    |                   |
| 6. COLOR PERCEPTION                                                                                           |  |                                                                                                                                                      |                   |                                        |                                                                       |                                                         |                    |                                                   |                   |
| <b>II DRIVING PERFORMANCE TEST</b> (Check "✓" if successful, "x" if failed and corrective training is needed) |  |                                                                                                                                                      |                   |                                        |                                                                       |                                                         |                    |                                                   |                   |
| <b>A. ROAD TEST - PREREQUISITE</b>                                                                            |  |                                                                                                                                                      |                   |                                        |                                                                       |                                                         |                    |                                                   |                   |
| 1. INSTRUMENTS (Location, correct reading, action for abnormal reading)                                       |  |                                                                                                                                                      | OIL LEVEL STICK   |                                        | TEMPERATURE GAGE                                                      |                                                         | OIL PRESSURE GAGE  |                                                   | VOLTOMETER        |
|                                                                                                               |  |                                                                                                                                                      | AMMETER           |                                        | TACHOMETER                                                            |                                                         | FUEL GAGE          |                                                   | AIR PRESSURE GAGE |
| 2. BEFORE OPERATION CHECK                                                                                     |  |                                                                                                                                                      | VEHICLE DAMAGE    | CONDITION OF TIRES                     | CLEAN HEADLIGHTS                                                      |                                                         | OIL LEVEL          | BATTERY                                           | SEAT ADJUSTMENT   |
|                                                                                                               |  |                                                                                                                                                      | MIRROR ADJUSTMT.  | HORN                                   | HAND BRAKES                                                           |                                                         | FOOT BRAKES        | WATER LEVEL                                       | WIPER             |
| 3. EMERGENCY EQUIPMENT (Location and use)                                                                     |  |                                                                                                                                                      | FIRE EXTINGUISHER |                                        |                                                                       | HIGHWAY WARNING KIT                                     |                    | OTHER (Describe)                                  |                   |
| 4. CONTROLS - "DRY RUN"                                                                                       |  |                                                                                                                                                      | GEARS             |                                        | BRAKE                                                                 |                                                         | CLUTCH             |                                                   | FRONT AXLE        |
| 5. DEPTH PERCEPTION (Two feet from target)                                                                    |  |                                                                                                                                                      | FIRST TRY         |                                        |                                                                       | SECOND TRY                                              |                    | THIRD TRY                                         |                   |
| 6. PRACTICE RUN (½ mile)                                                                                      |  |                                                                                                                                                      | START             | PULL OUT                               | SHIFT                                                                 |                                                         | 3 STOPS            |                                                   | TURNS             |
|                                                                                                               |  |                                                                                                                                                      |                   |                                        |                                                                       |                                                         |                    |                                                   | BACKING           |
| 7. ADDITIONAL REQUIREMENTS FOR LICENSE                                                                        |  |                                                                                                                                                      | LOCAL LAWS        |                                        | OPERATING PROCEDURES                                                  |                                                         | ACCIDENT REPORTING |                                                   |                   |
|                                                                                                               |  |                                                                                                                                                      | OTHER (Describe)  |                                        |                                                                       |                                                         |                    |                                                   |                   |
| <b>B. ROAD TEST - SCORED PHASE (DA PRT 2678)</b>                                                              |  |                                                                                                                                                      |                   |                                        |                                                                       |                                                         |                    |                                                   | <b>100</b>        |
| COMMENTS AND RECOMMENDATIONS OF ROAD TEST EXAMINER                                                            |  |                                                                                                                                                      |                   |                                        |                                                                       | NUMBER OF TALLY MARKS ON CHECK LIST PRT 2678 (Subtract) |                    |                                                   |                   |
|                                                                                                               |  |                                                                                                                                                      |                   |                                        |                                                                       | ROAD TEST SCORE                                         |                    |                                                   |                   |
|                                                                                                               |  |                                                                                                                                                      |                   |                                        |                                                                       | SIGNATURE OF ROAD TEST EXAMINER                         |                    |                                                   |                   |
| MY DRIVING WEAKNESSES HAVE BEEN MADE KNOWN TO ME AND I HAVE BEEN SHOWN HOW TO OVERCOME OR ADJUST THEM         |  |                                                                                                                                                      |                   | DATE                                   |                                                                       | SIGNATURE OF APPLICANT                                  |                    |                                                   |                   |



DEPARTMENT OF THE ARMY  
U.S. ARMY CORPS OF ENGINEERS  
441 G STREET NW  
WASHINGTON, D.C. 20314-1000

CECW-CO

AUG 12 2016

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

SUBJECT: Implementation Guidance for Section 1047 (d) Services of Volunteers, of  
the Water Resources and Reform Development Act (WRRDA) of 2014, Public Law  
113-121

1. Purpose. The purpose of this memorandum is to provide implementation guidance for Section 1047(d) of WRRDA 2014. Section 1047(d), "Services of Volunteers," amends Chapter IV of title I of Public Law 98-63 (33 U.S.C § 569c) to expand the definition of "incidental expenses" to include expenses relating to uniforms, transportation, lodging, and the subsistence of volunteers. Copies of WRRDA 2014 Section 1047 (d) and P.L. 98-63 are enclosed.

2. References.

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

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

c. U.S. Army Corps of Engineers Engineer Regulation (ER) & Engineer Pamphlet (EP) 1130-2-500, Chapter 10, The Corps of Engineers Volunteer Program, as revised 13 March 2013.

d. Homeland Security Presidential Directive 12 (HSPD-12), Policy for a Common Identification Standard for Federal Employees and Contractors.

3. This memorandum supersedes and replaces the ER and EP Chapter 10 in Ref. 2.c. No other chapters of ER & EP 1130-2-500 are affected by this policy memorandum and all other chapters remain in effect. These policy changes to the Volunteer Program are effective immediately and will be incorporated in the referenced ER and EP when they are revised.

4. Applicability. This memorandum applies to all USACE commands having responsibilities for civil works functions.

CECW-CO

SUBJECT: Implementation Guidance for Section 1047 (d) Services of Volunteers,  
Water Resources and Reform Development Act (WRRDA) of 2014, Public Law 113-121

5. District Commanders may accept the services of volunteers and provide for their incidental expenses, including expenses relating to uniforms, transportation, lodging, and the subsistence of those volunteers, to carry out any USACE activity, except policy making or law/regulatory enforcement, as authorized under 33 U.S.C. § 569c. This guidance is not applicable to the use of civilian prison labor from the Federal Bureau of Prisons, or from state or county correctional systems.

6. Policy. It is USACE policy that:

a. Voluntary service is official government business, having some value to the USACE, conducted by volunteers under the supervision of a paid USACE staff member.

b. Volunteers will not be used to displace any personnel of the USACE. They may, however, perform duties which once were, or are presently, performed by USACE personnel or contractors. In other words, voluntary service may supplement existing staff and include work that would not otherwise be accomplished because of funding or personnel limitations.

c. USACE elements will utilize volunteers wherever it is feasible, cost-effective, mutually-beneficial, secure and safe, and will employ the procedures for the use of volunteers and all necessary forms available on the Natural Resources Management Gateway. Commanders must ensure the safety and security of USACE personnel and volunteers.

d. Voluntary service may be accepted from individuals or from members of organized groups. Volunteers will be recruited and service accepted without regard to race, creed, religion, age, sex, color, national origin, sexual orientation, marital status, political affiliation or disability.

e. District Commanders may delegate authority to accept the services of volunteers to the district volunteer coordinator, operations project managers, project volunteer coordinators, and other permanent USACE employees through a delegation memorandum.

(1) MSC (Division) offices will be responsible for the coordination of volunteer programs within their MSC. The MSC coordinators will monitor and evaluate volunteer programs within their division, provide assistance to district counterparts, and act as a liaison between the districts and HQUSACE.

(2) District offices will be responsible for administering the volunteer program and assigning a district volunteer coordinator. The district coordinator will be

CECW-CO

SUBJECT: Implementation Guidance for Section 1047 (d) Services of Volunteers,  
Water Resources and Reform Development Act (WRRDA) of 2014, Public Law 113-121

responsible for managing the district program according to this policy to ensure that it meets the needs of the USACE and the volunteers. The district coordinator will assist in assessing needs and identifying work that can be done by volunteers, advise volunteer supervisors in the proper use of volunteers, assist in recruiting efforts, develop and submit reports to MSC offices, handle inquiries regarding the program, and keep the district and project staff current on ideas and procedures for utilizing volunteers.

(3) Operations Project Managers and Natural Resource Managers are responsible for administering the volunteer program at the project level; designating project volunteer coordinator(s); appointing additional team members, as necessary, to administer and supervise volunteers; accounting for program assets; accepting the services of volunteers; and observing this policy while those services are performed.

(4) The project volunteer coordinator ensures that volunteer service agreements and, if applicable, parental consent are obtained, and that each volunteer or group of volunteers are assigned to USACE personnel who are responsible for the work performed. The volunteer coordinator, either directly or through a volunteer supervisor, will ensure that the volunteer is properly oriented and trained, and that his/her qualifications are adequate and documented for the work assigned. Volunteers are not required to complete the same mandatory training that USACE employees must annually complete, unless necessary for the volunteer position, such as Defensive Driving or Boat Operator License training to operate a government vehicle or vessel.

f. A successful volunteer program should match USACE needs to the volunteer talents available. The major steps in this process are:

(1) Assess overall needs. Define the tasks that need to be done at the individual project or office, as identified in the Operations Management Plan (OMP).

(2) Evaluate costs and benefits. This program is not "free." It will require staff time, administrative support, and supplies for tasks undertaken. Evaluate risks associated with volunteer service against benefits. Regulate the size of the program to match individual organizational capability.

(3) Refine position descriptions. The volunteer coordinator will develop position descriptions, including a brief statement of the volunteer's role, duties, minimum qualifications, and desired experience. Existing information and the Natural Resources Management (NRM) Gateway may provide examples.

(4) Recruit and select. Advertise the volunteer program through the USACE Volunteer Clearinghouse ([www.corpslakes.us/volunteer](http://www.corpslakes.us/volunteer)), which will also list the

CECW-CO

SUBJECT: Implementation Guidance for Section 1047 (d) Services of Volunteers, Water Resources and Reform Development Act (WRRDA) of 2014, Public Law 113-121

positions on the Volunteer.gov website ([www.volunteer.gov](http://www.volunteer.gov)), public service announcements, news releases, personal contact, and brochures. Screen all applicants and identify the talents that are available. Match the volunteer applicants with the tasks identified, conduct an interview, check references, complete background screening as necessary, and finish the acceptance process, including a volunteer service agreement.

(5) Complete paperwork and process to obtain Volunteer Logical Access Credential (VOLAC) cards for volunteers requiring use of USACE computers and networks.

(6) Provide orientation and training. Provide initial orientation to the USACE and site missions and follow-up training commensurate with the type of job, length of proposed service and the requirements for safety in accordance with Engineer Manual (EM) 385-1-1. Orientation is valuable to volunteers to show how their job impacts the overall missions and goals. Volunteers should be introduced to other Corps staff to ensure a smooth transition into the work environment.

(7) Provide supervision. Identify supervisory channels for the volunteer and clearly describe the work to be accomplished. Supervisors should assign tasks and follow up on assignment completion.

(8) Keep records. The supervisor/coordinator will, at a minimum, maintain records of the hours worked, tasks performed, training provided, and incidental expenses reimbursed for each volunteer.

(9) Develop a volunteer plan. Such a plan should be included as an appendix to the project Operations Management Plan (OMP). Samples of district and project volunteer plans can be found on the NRM Gateway Volunteer Program page.

g. Volunteers must be qualified to perform the work assigned. Additionally, they must be physically able to do the work. If a volunteer becomes unable to perform the agreed-upon tasks at any point during their service, the volunteer coordinator may terminate the agreement or find a more suitable position for the volunteer. The volunteer coordinators may request the volunteer to complete a Standard Form (SF) 256, Self-Identification of Handicap, or obtain a medical examination if there is a question regarding the volunteer's ability to perform assigned work. In special circumstances, the cost of medical examinations may be considered incidental expenses of the volunteer. These circumstances should reflect the need for a medical examination and the value of the voluntary services that the USACE would receive. The District Resource Management Office must approve the medical examination to ensure the expenditure is permissible.

CECW-CO

SUBJECT: Implementation Guidance for Section 1047 (d) Services of Volunteers,  
Water Resources and Reform Development Act (WRRDA) of 2014, Public Law 113-121

h. Volunteer Coordinators may also accept volunteers, with the following conditions.

(1) Individuals from the private sector or state and local government agencies, whose employers are facilitating the donation of their employees' services to the Corps while still keeping them on their payroll (hosted workers), may be volunteers, provided the services they render are truly voluntary. For an individual's services to be truly voluntary, the individuals must be allowed to independently choose whether they want to volunteer. In other words, their employers cannot mandate or otherwise direct them to render their services to USACE. Additionally, the services performed by the individuals cannot be a direct extension of their employment duties or provide a direct benefit to their employer. For example, National Guard units that desire to perform training exercises that benefit USACE properties cannot be considered "volunteers" for purposes of 33 U.S.C. § 569c.

(2) Off-duty USACE personnel (i.e., in their personal capacities) and their families may be volunteers; however, USACE personnel will not be accepted as volunteers at any USACE installation for a program in which they are employed.

(3) Children under the age of eighteen years may be volunteers, provided they have the written consent of their parent or guardian on the OF 301a Volunteer Service Agreement form. All child labor restrictions must be observed. If children are volunteering as part of a group, the leader must provide a complete list of group participants and separate OF 301a agreements signed by the parents/guardians for all participants under the age of eighteen.

(4) Volunteer service may be accepted from legal aliens (permanent residents) or foreign exchange students. Non-U.S. citizens must present their J-1 or F-1 Visa (or passport if they are in the U.S. from a visa-waiver country where visas are not required) or U.S. Permanent Resident Card INS Form I-551 (formerly known as Alien Registration Receipt Card) for review and verification. Examples of acceptable documentation forms are provided in Appendix E of ER 1130-2-500.

i. Persons who have 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. Persons awaiting trial or under indictment for any of the listed crimes will not be utilized as a volunteer until the case has been resolved in the person's favor through the legal process.

CECW-CO

SUBJECT: Implementation Guidance for Section 1047 (d) Services of Volunteers, Water Resources and Reform Development Act (WRRDA) of 2014, Public Law 113-121

j. Volunteer coordinators will practice due diligence in screening volunteer candidates to assure the safety and security of USACE employees, contractors, and the public. Volunteer coordinators will work with their District Security Office to obtain background/security checks and ensure proper procedures are followed. If the volunteer service extends for more than one year, a new background/security check must be performed each year. USACE staff at USACE projects and offices may share background/security checks for volunteers who serve at multiple locations. Background security checks will be required for any individual volunteering in one or more of the following scenarios, and will be effective for a maximum period of one year.

(1) Individuals who volunteer for more than 180 days in a calendar year.

(2) Volunteer positions that require wearing the USACE volunteer uniform clothing/name tag who work independently of USACE personnel.

(3) Volunteer positions that involve regular contact with children under 18 years of age without a parent or guardian present, or which do not require the volunteer to work under constant line of sight supervision (LOSS) by USACE personnel who have been screened in accordance with Army Directive 2014-23.

(4) Volunteer positions that require access to government files and records.

(5) Volunteer positions that require the collection or handling of fees.

k. Volunteers who will have access to a USACE networked computer also require to have background/security checks, and are subject to all applicable Federal regulations, local policies, ACE-IT, and AR 25-2 requirements. In compliance with Homeland Security Presidential Directive 12 (HSPD-12), volunteers who require access to Federally-controlled, networked computer systems must be provided with a Volunteer Logical Access Credential (VOLAC) card after being registered in the Defense Enrollment Eligibility Reporting System (DEERS) through the Trusted Associate Sponsorship System (TASS), receiving a favorable National Agency Check with Inquiries (NACI), and receiving a favorable FBI National Criminal History Check (fingerprinting). NACI background checks are valid for a lifetime as long as a two-year break in service does not occur at any point. Only U.S. citizens are eligible for a VOLAC card and access to Federally-controlled computer systems. The volunteer coordinator will work with CPAC or the Security Office in requesting support from the Personnel Security Investigation – Center of Excellence (PSI-CoE) for the submission of the proper investigation to meet this requirement. Fingerprints may be obtained by the Security Office or by local law enforcement officials on the SF 87 or FD-258 fingerprint cards and submitted to the Security Office. Volunteers who only use stand-alone



CECW-CO

SUBJECT: Implementation Guidance for Section 1047 (d) Services of Volunteers,  
Water Resources and Reform Development Act (WRRDA) of 2014, Public Law 113-121

government computers that are not connected to a Department of Defense network do not require a VOLAC.

l. All information received as a result of a background/security check will be held in confidence and handled according to DoD Directive 5400.11, DoD Privacy Program.

m. The existence of a criminal conviction does not automatically disqualify an applicant from being a volunteer, unless the conviction is for a crime listed in section 6.i. above. Required components of a background/security check include, at a minimum:

(1) Social security verification to help eliminate the possibility of false names/information.

(2) Address trace to verify volunteer's current address and determine the jurisdiction(s) in which to conduct the background screening.

(3) State or county criminal history checks to capture all misdemeanor and felony convictions within the jurisdiction(s) identified in the address trace.

(4) Sex offender registry to search all 50 states for known sex offenders.

n. Background/security checks for volunteers who will have regular contact with children under 18 years of age, and who will not work under constant LOSS by USACE personnel, must comply with Army Directive 2014-23.

o. Background/security checks may be conducted, but will not be required, for any of the following:

(1) Individuals who volunteer for one-time events.

(2) Individuals who volunteer for less than 180 days and do not meet any of the scenarios described in subparagraph 6.j., above.

(3) Volunteers who only work under LOSS by USACE personnel.

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

CECW-CO

SUBJECT: Implementation Guidance for Section 1047 (d) Services of Volunteers, Water Resources and Reform Development Act (WRRDA) of 2014, Public Law 113-121

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, or 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.

q. Volunteers may be authorized by the volunteer coordinator to operate, for official use, government-owned or leased vehicles, vessels, machinery or other specialized equipment if deemed appropriate and beneficial. Volunteers must have the proper training, license, and/or experience in accordance with USACE operator permit policies, before operating a government-owned or leased vehicle, vessel, or equipment. Government authorization policies apply to volunteers. Volunteers are liable for damages to government property if the volunteer's negligence or willful misconduct is the proximate cause of the loss, damage or destruction of the government property. Standard procedures used to investigate and/or adjudicate incidents involving USACE employees should be used, when appropriate, to investigate and/or adjudicate similar incidents arising from voluntary services provided under 33 U.S.C. § 569c. For volunteer positions that require the use of government vehicles, vessels, machinery or other specialized equipment, the requirement should be stated on the volunteer agreement and acknowledged by the volunteer.

r. Volunteers may produce products, such as educational or interpretive materials, for the USACE at off-site locations.

s. 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

CECW-CO

SUBJECT: Implementation Guidance for Section 1047 (d) Services of Volunteers, Water Resources and Reform Development Act (WRRDA) of 2014, Public Law 113-121

government. Injuries to volunteers will be reported in the same manner as those involving USACE personnel. Volunteers will not be used in work assignments in which USACE personnel would receive hazardous duty pay.

t. Volunteers receive the same benefits and protection as Federal employees under the Federal Employees Compensation Act (5 U.S.C., Chapter 81) and the Tort Claims Act (28 U.S.C., Chapter 171) and are considered to be Federal employees only for those purposes. Volunteers are offered this protection for personal liability, provided they are acting within the scope of their responsibilities. 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. Volunteers should be encouraged to sign an OF-301a (Volunteer Services Agreement – Natural & Cultural Resources) or OF-301b (Volunteer Sign-up Form for Groups), as appropriate, to acknowledge their understanding of the scope of benefits and protections afforded to them as volunteers. 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 guardian complete the OF-301a.

u. Volunteers are not typically considered to be part of USACE covered population for Employee Assistance Program Services or Critical Incident Stress Management. On a case by case basis, Federal Occupational Health may offer courtesy services to volunteers in the event of an emergency, including traumatic, distressing events during the volunteer's duties.

v. Volunteers who are members of an organization serving under a partnership agreement (such as a Cooperating Association Agreement) that requires the organization to provide liability coverage for their volunteers should still be encouraged to sign an OF 301a or OF301b, as appropriate. If the volunteers choose to sign an agreement, the "group leader" should sign an 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 guardian complete the OF 301a.

w. Volunteers may be reimbursed for actual out-of-pocket expenses they incur in performing voluntary service when approved in advance and identified on the individual's Volunteer Services Agreement. Reimbursement should be handled on a

CECW-CO

SUBJECT: Implementation Guidance for Section 1047 (d) Services of Volunteers,  
Water Resources and Reform Development Act (WRRDA) of 2014, Public Law 113-121

case-by-case basis. Reimbursement of incidental expenses is not to be understood as salary and is not mandatory. Such expenses might include, but are not limited to, expenses relating to uniforms, transportation, lodging costs, subsistence meals during duty hours, and personal safety equipment.

(1) Reimbursement for transportation expenses to and from the volunteer's place of residence may be authorized if within a reasonable commuting distance from the work site. The rate that volunteers may be reimbursed for privately owned vehicle mileage will not exceed the amount identified under the Joint Travel Regulations (JTR). It is recommended, when possible, that volunteers needing routine reimbursement for local mileage driven in a personal vehicle be added to CEFMS and local travel vouchers be processed as with USACE employees. Volunteers receiving reimbursement for travel may sign up for direct deposit in the same manner as employees.

(2) Long distance travel expenses may be reimbursed in cases where it can be shown that the services of the volunteer will be of exceptional value to the USACE. Such long distance travel must be accomplished under one of the authorities in Appendix E of the Joint Travel Regulation (JTR) that authorizes the issuance of Invitation Travel Orders, and may be approved at the district level. The rate that volunteers may be reimbursed for long distance travel will not exceed the amount identified under the JTR for Government employees under similar circumstances. Transportation may include any mode recognized by the JTR, including, but not limited to, personal vehicle, public transportation, trains, and airplanes.

(3) Food and beverages may be provided to volunteers only when such subsistence is incidental to the actual rendering of volunteer services. Meals and beverages provided for a recognition event are not incidental to the rendering of volunteer services, and are therefore impermissible. Any food or beverages purchased under this policy must be reviewed and approved by the District Resource Management Office and documented appropriately (i.e. email, Memorandum for Record (MFR), or by telephone). Volunteers may be reimbursed for meals during the period of volunteer work. Reimbursement will not exceed the GSA schedule for government per diem.

(4) Claims for reimbursement of a volunteer's incidental expenses should be submitted on Standard Form 1164, Claim for Reimbursement for Expenditures on Official Business, and payment made by Visa check or check from USACE Finance Center in Millington, or through direct deposit. The District Resource Management Office should be consulted, as procedures vary between locations.

x. Volunteers may be provided modest lodging at civil works projects where their voluntary service occurs and not be required to pay a user fee. Districts may use

CECW-CO

SUBJECT: Implementation Guidance for Section 1047 (d) Services of Volunteers,  
Water Resources and Reform Development Act (WRRDA) of 2014, Public Law 113-121

appropriated funds sparingly to rent, purchase, or, when authorized by statute, construct, modest volunteer lodging accommodations. Permissible lodging may include, but is not limited to mobile homes, recreational vehicles, campers, cabins, hotel rooms, apartments, former government housing, or campsites. Pursuant to the authority granted under 16 U.S.C. § 460d to construct, maintain and operate public park and recreation facilities, USACE may construct limited lodging accommodations for volunteers. However, such accommodations must be directly related to the operation and maintenance of USACE recreational facilities and must be comparable to lodging accommodations provided by USACE for public use at the project (e.g., campsites expressly designated for volunteer use). USACE policy on the use of government housing is provided in Chapter 13 of ER 1130-2-500. If volunteers are housed in government provided quarters, they will not normally be charged for such occupancy. Such accommodations should be noted on the Volunteer Services Agreement.

y. Clothing items may be provided if essential to a volunteer's specified duties, such as in cases where clothing items are needed for safety reasons, or when volunteers must be easily identifiable to USACE employees or the public. Proper volunteer identification substantially contributes to the volunteer's ability to safely and effectively perform official duties in support of the USACE Civil Works program.

(1) Official USACE volunteer uniform clothing items must be purchased from the USACE uniform contract provider. Items such as vests, polo shirts, sweatshirt jackets, ball caps, nameplates, and volunteer patches are available from the USACE vendor in specifically authorized colors, and may be changed periodically if beneficial for promoting a positive image for the USACE. These items are recommended for volunteers who provide an on-going service in public positions including, but not limited to, park hosts, visitor center staff, and program presenters. Local purchase of similar items to the contract, but in different colors, is not authorized.

(2) Several different items and multiple quantities of the same item may be provided and worn by the same individual to allow for a variation of duties, weather, clear identification, and to allow the individual to maintain a neat and clean appearance each day.

(3) For volunteers performing maintenance duties, volunteer T-shirts may be ordered from a local vendor with the USACE logo and the word "Volunteer." T-shirt colors must be similar to those offered under the uniform clothing contract, with the exception of safety colored shirts and reflective materials for visibility.

(4) Volunteers are not authorized to wear the USACE Natural Resources Management (NRM) uniform patch or any other item of the official NRM Class A-B-C Park Manager/Ranger uniform.

CECW-CO

SUBJECT: Implementation Guidance for Section 1047 (d) Services of Volunteers, Water Resources and Reform Development Act (WRRDA) of 2014, Public Law 113-121

z. Projects are encouraged to show appreciation for volunteer services received. Some types of recognition include informal recognition, verbal expression of appreciation by USACE staff, increased responsibilities, involvement in program planning, and opportunity to train others, letters of recommendation with accomplishments identified, or publicity and pictures in public media. Volunteers may be issued a certificate of appreciation to acknowledge their service. Other items, such as celebration meals, appreciation gifts, or cash awards, are not authorized for purchase with appropriated funds for volunteers. Outstanding volunteers may be nominated for the USACE National Volunteer Awards through an annual nomination process. Volunteers are also eligible to earn an "America the Beautiful" Volunteer Pass upon completion of the specified hours of service under the America the Beautiful Program. Volunteers may be eligible for Department of Defense Public Service Awards, which are listed in Army Regulation AR 608-1, Army Community Service, Appendix I. Volunteer coordinators/supervisors may also nominate their volunteers for special awards of appreciation by sources outside USACE. Special Act Awards are not authorized for volunteers.

aa. Accurate records regarding the number of volunteers, the number of volunteer hours donated, and reimbursed incidental expenses, will be maintained by the project and reported annually in the Operations and Maintenance Business Information Link (OMBIL). Districts or MSC offices may require more frequent reports.

(1) For the purpose of determining the value of volunteer services, the USACE has agreed with the other federal agencies, including the National Park Service, Bureau of Reclamation, Bureau of Indian Affairs, US Fish and Wildlife Service, Bureau of Land Management, US Geological Survey, US Forest Service, Natural Resources Conservation Service, National Oceanic and Atmospheric Administration, and the Office of Surface Mining Reclamation and Enforcement, to use the Independent Sector's hourly rate as set by the Bureau of Labor Statistics each spring. This rate will be used to calculate the value of service per hour automatically in OMBIL, regardless of age or activity. No cost of living or other adjustments of any kind will be made to this rate. The rate is posted on the Volunteer Program FAQs page of the NRM Gateway.

(2) The OF 301, Volunteer Service Application - Natural & Cultural Resources, will be provided to all people who request information about the volunteer program. It is 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. OF 301 can be obtained from the NRM Gateway Volunteer Program page.

CECW-CO

SUBJECT: Implementation Guidance for Section 1047 (d) Services of Volunteers,  
Water Resources and Reform Development Act (WRRDA) of 2014, Public Law 113-121

(3) The OF 301a, Volunteer Service Agreement - Natural & Cultural Resources, will be used for Individual/Group Voluntary Services at USACE civil works projects, regardless of mission. This form is the official document that legally enrolls an individual in the program and provides him or her with federal protection in case of injury or tort claim. It must be completed and signed prior to commencement 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. This form is to be used when working with individual volunteers or groups. A complete, detailed description of the duties, conditions, and responsibilities must also be attached to the OF 301a. This is important in case questions arise on whether the volunteer was acting within the scope of his/her assigned responsibilities. Finally, a job hazard analysis or activity hazard analysis must be attached to the OF 301a. The OF 301a can be modified at any time by mutual consent, but it must accurately reflect the duties of the volunteers at all times. The acceptance/termination line at the bottom of the form serves two purposes. It 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 law suit or injury claim. A copy of the agreement, along with any revisions or amendments, should be given to the volunteer for his/her records. The original should be retained by the accepting official for a three-year period following its termination in a secured file cabinet or electronically secured folder. These files for inactive volunteers are retained to protect against possible law suits or injury claims. Volunteers under the age of 18 must have a parent or guardian complete the "Parental Consent" portion of the form. This requirement also applies to volunteers of organized groups.

(4) The OF 301b, Volunteer Sign-up Form for Groups, will be used to list all adult volunteers associated with an organized group. It is not a stand-alone document, and must be attached to the OF 301a form that describes the volunteers' duties.

(5) The ENG Form 4882-R, Volunteer Service Record, may be used to record information regarding the service of individual volunteers and to compile information for OMBIL. Other forms or electronic means that include hours contributed, dates worked, and tasks accomplished may be used. This information may be needed to establish the validity of a Tort claim or Worker's Compensation claim that arises from the volunteer's service.

(6) The Standard Form 87, Fingerprint Card, is used when conducting background checks for volunteers who require access to Federally-controlled computer systems.

(7) Reproducible copies of all required forms are available on the Natural Resources Management Gateway

CECW-CO

SUBJECT: Implementation Guidance for Section 1047 (d) Services of Volunteers,  
Water Resources and Reform Development Act (WRRDA) of 2014, Public Law 113-121

bb. Volunteer agreements remain 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. The agreement for volunteer services may be terminated at any time by the volunteer coordinator or the volunteer.

7. Point of Contact. Ms. Heather Burke, National Partnership Program Manager, at (503) 808-4313.

A handwritten signature in black ink, appearing to read 'J. Dalton', with a long horizontal stroke extending to the right.

JAMES C. DALTON, P.E.  
Director of Civil Works

Encl



CECW-CO

SUBJECT: Implementation Guidance for Section 1047 (d) Services of Volunteers,  
Water Resources and Reform Development Act (WRRDA) of 2014, Public Law 113-121

**ENCLOSURE 1**  
**WRRDA 2014 Section 1047 and P.L. 98-63**

**WRRDA 2014**

**SEC. 1047. SPECIAL USE PERMITS.**

(d) **SERVICES OF VOLUNTEERS.**—Chapter IV of title I of Public Law 98-63 (33 U.S.C. 569c) is amended in the first sentence by inserting “, including expenses relating to uniforms, transportation, lodging, and the subsistence of those volunteers,” after “incidental expenses”.

**P.L. 98-63**

**§ 569c. Services of volunteers**

The United States Army Chief of Engineers may accept the services of volunteers and provide for their incidental expenses to carry out any activity of the Army Corps of Engineers except policy-making or law or regulatory enforcement. Such volunteers shall not be employees of the United States Government except for the purposes of (1) chapter 171 of title 28, relating to tort claims, and (2) chapter 81 of title 5, relating to compensation for work injuries.

(Pub. L. 98-63, title I, §101, July 30, 1983, 97 Stat. 312.)



# Volunteer Clothing Available from VF Solutions

## VOLUNTEER PROGRAM VOLUNTEER PROGRAM



CO4105 Unisex RD Vest



CO5127 Unisex RD  
Volunteer Hooded  
Jacket



CO7169 Unisex KH  
Summer Ball Cap



CO7170 Unisex RD  
Summer Ball Cap



CO7171 Unisex BG/BK  
Volunteer Ball Cap



CO7172 Unisex RD  
Magnetic Volunteer  
Nameplate



CO7173 Unisex RD  
Pinback Volunteer  
Nameplate

### **To order:** Go to the Website: <https://www.vfsolutions.com/lma/>

- **Account Number:** UAA code in CAPS (or project code - typically 5-6 letters total, with 3 letters for district and 2-3 letters for project.)
- **Example:** LRNOLD is the code for Old Hickory Lake in the Nashville District.
- **Password:** UAA code in CAPS (same as above Account #).
- **Click on "Login" - "Continue" - "Volunteer Program"** is at the bottom left.
- Use the government VISA credit card to purchase.

## T-Shirts: Not part of the clothing contract, but can be made by a local vendor





**Example of high  
visibility, safety  
yellow T-shirt for  
maintenance  
volunteers**



| <b>VF Solutions Passwords by Lake</b> |         |  |
|---------------------------------------|---------|--|
|                                       |         |  |
| Arcadia                               | SWTAR   |  |
| Broken Bow                            | SWTBB   |  |
| Birch                                 | SWTBI   |  |
| Canton                                | SWTCN   |  |
| Fort Supply                           | SWTFS   |  |
| Kaw                                   | SWTKW   |  |
| Tulsa District Office                 | SWTODR  |  |
| Wister                                | SWTOEWS |  |
| Fort Gibson                           | SWTOF   |  |
| Hugo                                  | SWTOH   |  |
| Sardis                                | SWTOH   |  |
| Oologah                               | SWTOO   |  |
| Copan                                 | SWTOOCO |  |
| Eufaula                               | SWTOOE  |  |
| Skiatook                              | SWTOOSK |  |
| Texoma                                | SWTOT   |  |
| Pat Mayse                             | SWTOTPM |  |
| Keystone                              | SWTOX   |  |
| Marion                                | SWTOY   |  |
| Council Grove                         | SWTOYCG |  |
| El Dorado                             | SWTOYED |  |
| John Redmond                          | SWTOYJR |  |
| Fall River                            | SWTOZ   |  |
| Big Hill                              | SWTPC   |  |
| Pine Creek                            | SWTPC   |  |
| RS Kerr                               | SWTRK   |  |
| Tenkiller                             | SWTTF   |  |
| Truscott                              | SWTTR   |  |
| Webbers Falls                         | SWTWF   |  |
| Waurika                               | SWTWR   |  |



[illegible]

## APPENDIX D



## How to Enter Volunteer Data in NRM Assessment

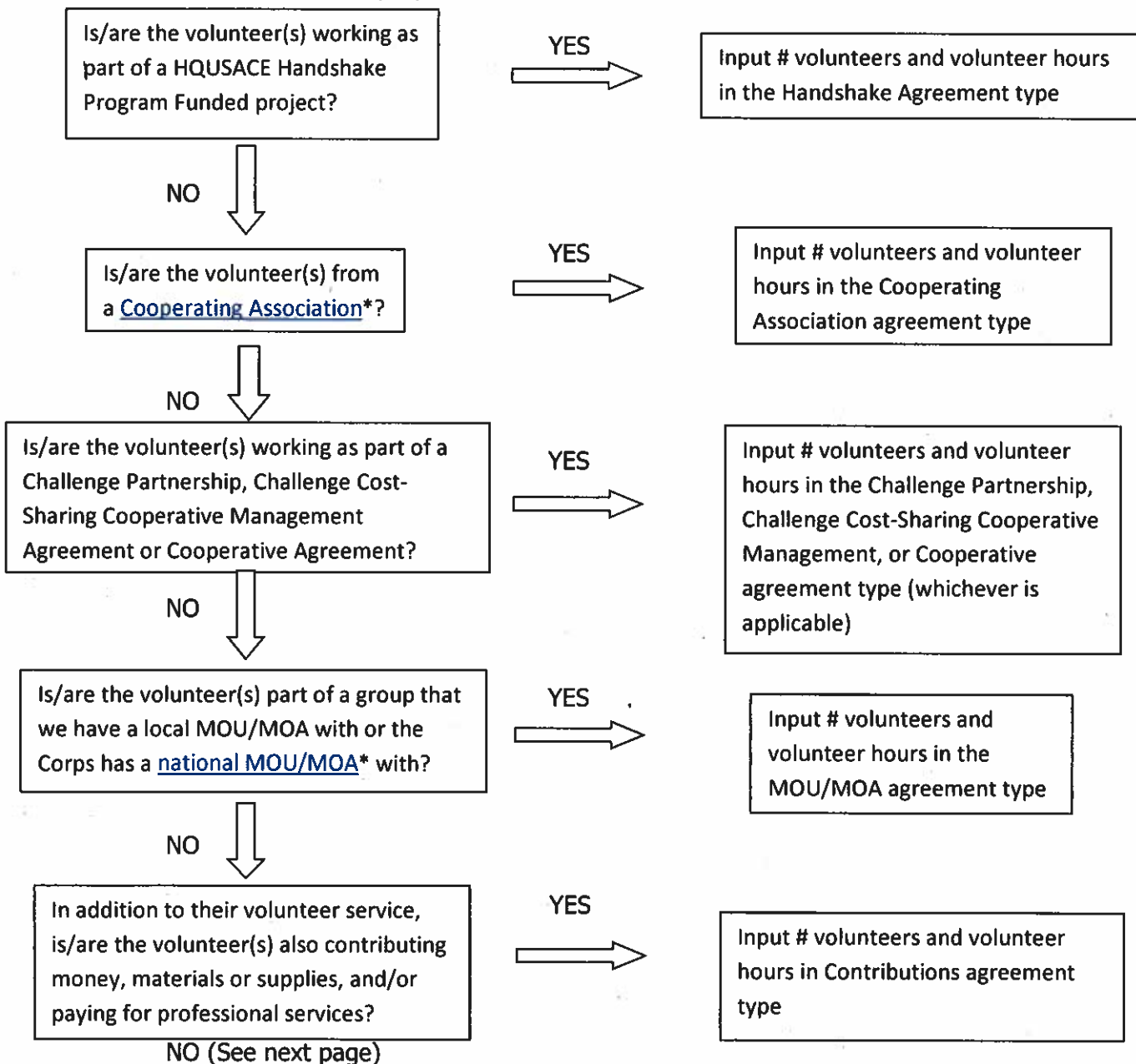
### **Step 1. NRM Assessment Tool NRM Module, Step 1- Volunteer Information**

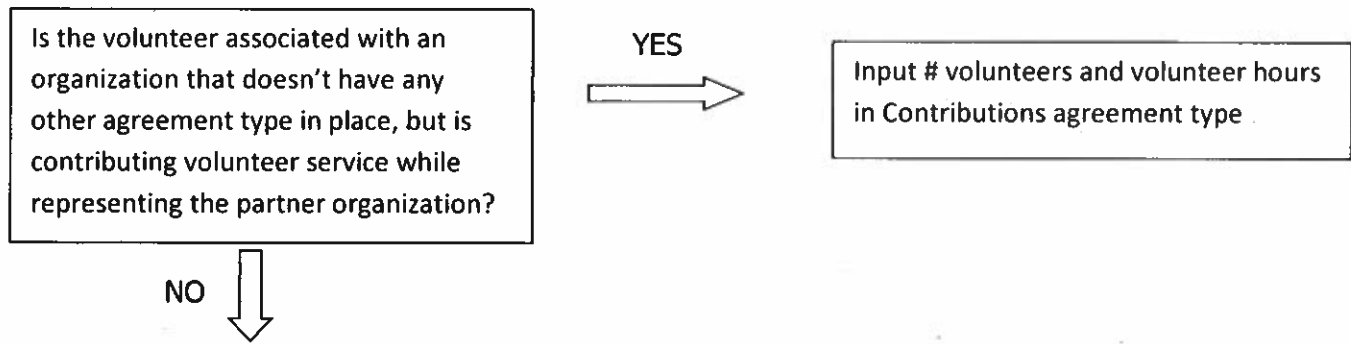
Enter ALL volunteer hours in this section of the NRM Assessment Tool. This is where you will capture the total number of volunteers, total hours of volunteer service (which will auto-calculate the total value of the service), and total incidental expenses reimbursed to all volunteers for the FY.

### **Step 2. NRM Assessment Tool Partnership Module**

In addition to gathering information about the overall number of volunteers, hours, and value, we are also trying to capture more detailed data about volunteers that are part of a partnership. Some volunteers such as camp hosts, gate attendants, and other individuals who volunteer may only be counted in the NRM Module update. Other volunteers that are part of a partner organization should also have their hours counted in the Partnership Module update.

Please use the flow chart below to determine whether to count a particular individual volunteer's or group of volunteers' hours in the Partnership Update section of OMBIL.





If you answer No to all of the questions above, the data for these volunteers will ONLY be input in the NRM Module Update section of NRM Assessment, not under the Partnerships Module. If you answer Yes to any of the questions above, input the data into the first category with a Yes answer starting from the top down. Some volunteers may fit into multiple categories, but you should input the data in the first applicable category encountered in the flow chart.

**Example 1:** A volunteer group from IMBA (International Mountain Biking Association) may provide service to the Corps as part of a Challenge Partnerships Agreement, but they are also part of a national MOU. Because the Challenge Partnership agreement is an agreement for a limited, specific period of time and project, the volunteer hours for the particular project in the agreement should be input in the Challenge Partnership category instead of the MOU. If IMBA also volunteers hours not related to the Challenge Partnership Agreement, those additional hours would be input separately in the MOU category.

**Example 2:** Volunteers from a Cooperating Association, such as the Friends of Raystown Lake provide services for a project that is part of a Handshake Agreement. These hours should be input in the Handshake category instead of the Cooperating Association category, because the Handshake agreement is for a specific project. Additional hours volunteered by Association members such as working in a bookstore, creating interpretive materials, or managing a campground should be captured in the Cooperating Association category if they are not specifically associated with the Handshake project.

\*See [NRM Gateway MOU/MOU page](#) for list of national organizations with MOU/MOA and [NRM Gateway Cooperating Association page](#) for list of associations in NRM Assessment/OMBIL. There is a pick-list of national organizations and cooperating associations already in the NRM Assessment Tool. If you have a new cooperating association that is not on the list, please contact Heather Burke to get it added to the system.



**DEPARTMENT OF THE ARMY**  
**CORPS OF ENGINEERS, TULSA DISTRICT**  
**2488 EAST 81<sup>ST</sup> STREET**  
**TULSA, OKLAHOMA 74137-4290**

**Volunteers, Partners, and Donors:**

The Park Rangers and staff at Billy Bob Bayou would like to tell about the programs and tasks we were able to accomplish this year thanks to your participation and generosity.

This year your involvement allowed us to:

- Host a Family Fishing Clinic that coincided with National Get Outdoors Day. Your donations aided us by supplying support staff, fish, bait, poles, and prizes!
- Host the first annual Billy Bob Bayou Eagle Watch. Thanks to your efforts in providing support staff and programming. It was a success we plan to repeat annually.
- Restore native vegetation and remove invasive species at Foggy Bottom Park and other public areas.
- Promote public safety and beautify our public lands by removing litter and debris and through trimming trees.
- Host a Take a Warrior Fishing event that let several local veterans get out and enjoy the day relaxing by fishing with their families. This was a great way to show our appreciation to these honorable soldiers.

Thank you for assisting us by offering you support and contributions. Looking ahead to the new year, we will continue to promote good health and wellness through recreational opportunities, water safety education and to encourage environmental stewardship through public outreach events. We hope you join us again to make that happen. It has been a great year. Thank you for your hard work and dedication.

Sincerely,

Joe Doe  
Lake Manager, Billy Bob Bayou



DEPARTMENT OF THE ARMY  
U.S. ARMY CORPS OF ENGINEERS  
441 G STREET N.W.  
WASHINGTON, D.C. 20314-1000

NOV 29 2012

CECW-CO-N

MEMORANDUM FOR COMMANDERS, MAJOR SUBORDINATE COMMANDS AND  
CHIEFS, OPERATIONS DIVISIONS

SUBJECT: Volunteer Annual Day Use Pass Program

1. The U.S. Army Corps of Engineers is establishing a volunteer pass program which enables volunteers who have served a minimum of 100 hours at Corps managed areas to receive a waiver of all day use fees via a Volunteer Annual Day Use Pass.
2. The main goal of the program is to increase visitation to Corps parks by enticing volunteers to visit new places, bring friends and family, and continue to explore and enjoy Corps recreation opportunities even after their pass has expired.
3. After serving 100 hours of service, the volunteer will be eligible to earn a Volunteer Annual Day Use Pass from the local project where they reached their 100<sup>th</sup> hour. Volunteer hours will be verified and entered by the volunteer coordinator into a centralized database.
4. The pass is only valid at day use areas operated by the Corps of Engineers. It may not be used at areas operated by other agencies or non-federal entities even if those areas are located on Corps-owned property.
5. The point of contact for the volunteer program in CECW-CO-N is Ms. Heather Burke, (503) 808-4313, [heather.d.burke@usace.army.mil](mailto:heather.d.burke@usace.army.mil). In addition, information will be posted to the Natural Resources Management Gateway at <http://corpslakes.usace.army.mil/employees/volunteer/>

STEVEN L. STOCKTON, P.E.  
Director of Civil Works

2 Encls

1. Phase 1 Concept Paper
2. FAQs

**Volunteer Pass Program:  
Phase I Concept**

**Purpose:** Support and recognize volunteers who have served the Corps in an exemplary way and encourage their visitation and use of Corps parks. The main goal is to increase visitation to Corps parks by enticing volunteers to visit new places, bring friends and family, and continue to explore and enjoy Corps recreation opportunities even after their pass has expired.

**Background:** The Corps participates in the National Public Lands Day fee free coupon program, waives fees for military members and their families on Veteran's Day, and has occasionally offered fee free days in conjunction with other federal agencies. The Corps has been waiving recreation use fees for active service personnel on temporary leave from duty in Overseas Contingency Operations since 2003. This year, the Corps also began accepting Department of the Defense Identification Card or Common Access Card (CAC) or the America the Beautiful Federal Recreation Pass Program new Interagency Annual Pass for Military as proof of eligibility for free day use and when leave orders to support Overseas Contingency Operations (OCO) are presented, for free camping.

**Proposal:** Create an internal program within the Corps using our fee authorities to develop a policy to waive day use fees for volunteers who have served enough hours to earn a waiver. Similar authority was used to develop the fee waiver for active service military personnel in support of OCO.

**Proposed Phase I:** After performing a cumulative 100 hours of service (which equates to more than \$2,100 in value to the Corps), the volunteer could earn a Volunteer Annual Day Use Pass from the local project where they reached their 100<sup>th</sup> hour. Volunteer hours will be verified and entered by the volunteer coordinator into a centralized database. The pass would be distributed and accounted for the same way as if the recipient were paying for the pass, but the fee would be waived.

**Process:**

1. Each Corps project Volunteer Coordinator will be provided with a Username (name of lake/river project), and Password to access the central database system. It will be similar to accessing Rec/ES-BEST or Rec Status online.
2. Volunteers can accumulate hours toward a pass at multiple Corps projects.
3. Volunteer coordinators will verify their volunteer's hours and enter them into the central database.
4. A series of short webinars will be conducted upon implementation of the volunteer pass program to explain the simple data entry process. Webinars will be posted on the NRM Gateway.
5. Data needed for tracking include: first/last name, phone number, hours earned.
6. Hours may be entered at any time. At a minimum, enter volunteer hours in the database when the volunteer has reached 100 hours to earn a pass, or once a year, whichever happens first.
7. Hours earned by volunteers at one-day events (such as National Public Lands Day or similar events) are not required to be entered into the system unless the volunteer requests them to be added. Due to the nature of these events with large numbers of people, many of whom do not

volunteer more than one day each year, it may not be necessary to create a new entry in the volunteer database.

8. If a volunteer works at multiple Corps projects, each volunteer coordinator will be able to add hours to the volunteer's cumulative record in the database.
9. When the volunteer reaches 100 hours, the current coordinator for whom the volunteer works will provide the Volunteer Annual Day Use Pass (same thing as the Corps Annual Day Use Pass) to the volunteer at the volunteer's request, and input the issue date into the central database to prevent issuance of more than one pass per year.

#### **Rules/Restrictions**

- Only one Volunteer Annual Day Use Pass can be earned per volunteer per year.
- The Volunteer Annual Day Use Pass will be valid for one year from date of issue (same procedures as issuing a Corps annual pass where the visitor pays for the pass)
- Lost or stolen Volunteer Annual Day Use Passes will not be replaced unless proof of theft, such as police report or insurance document, which specifies the theft of the pass, is provided.
- Hours earned by a group may not be combined to earn a pass. For example, if a class of 50 students works 2 hours for a total of 100 hours, the teacher or one individual in the class cannot take credit and earn a pass.

**Volunteer Pass Program  
Frequently Asked Questions (FAQs)**

Q. Will there be a new printed pass titled "Volunteer Annual Day Use Pass"?

A. No, the existing Corps Annual Day Use Pass may be issued to a volunteer who has served 100 hours. There will not be a separate pass developed with the word "Volunteer" printed on it.

Q. Can a volunteer earn more than one pass per year if they work more than 100 hours (200, 300, 400, etc?)

A. Only one Annual Day Use Pass can be earned per volunteer per year.

Q. For what period is an annual day use pass valid?

A. The annual pass is valid for one year from date of issue.

Q. Where can the volunteer use the pass?

A. The pass is only valid at day use areas operated by the Corps of Engineers. It may not be used at areas operated by other agencies even if those areas are located on Corps-owned property.

Q. What if the volunteer pass is lost or stolen?

A. Lost or stolen Annual Day Use Passes will not be replaced unless proof of theft, such as police report or insurance document, which specifies the theft of the pass, is provided.

Q. Can a group or a couple combine their hours to earn a pass?

A. No. Volunteer annual passes must be earned by an individual.

Q. Why are we using a centralized database? Wouldn't it be easier for volunteer coordinators to call each other to verify?

A. A centralized database will provide easy, 24-hour access by volunteer coordinators to track and verify volunteer hours, regardless of how many lakes they have worked at. Volunteer coordinators are frequently changing, with approximately 30% turn-over each year. Tracking down each coordinator to verify a volunteer's hours would be much more time consuming than accessing a centralized database.

Q. How often does a volunteer coordinator need to enter volunteer time into the database?

A. A coordinator can enter time when it is most convenient. The only caveat is that they at least enter volunteer time when the volunteer has reached 100 hours to earn the pass, or once a year, whichever happens first.

Q. Are all volunteer hours considered equal? For instance, some volunteers may be doing strenuous physical work, while others could be organizing brochures. How do you account for that?

A. A volunteer's time is valuable, no matter what type of work they are doing. All hours should be considered equal for the sake of tracking.

**Q. Some locations are counting their camp hosts as working 24/7 while other locations count only the hours actually spent on duty. Which is correct for tracking volunteer hours earned toward a pass?**

**A. Hours earned should be those when the volunteer is actually on duty.**









The U.S. Army Corps of Engineers, in partnership with the Corps Foundation created the Volunteer of the Year award to recognize the extraordinary service provided by volunteers, draw attention to their vast skills and contributions, and encourage an attitude of stewardship and responsibility in caring for Corps lands, facilities, and resources. The intent of the awards is to distinguish those individuals, couples, or families who give their skills, talents, and time beyond the normal call of duty and whose creditable service to the Corps has resulted in the significant enhancement to one or more of the Corps business lines.

Divisions, districts, and projects should be constantly on the lookout for outstanding examples to nominate each year for the national award and the volunteer coins. Headquarters will solicit nominations during the latter part of each calendar year for the national award, with presentation of the award in the following spring. The overall national award winner will receive a plaque, coin, and certificate. Regional nominees for the national award will receive a coin and a certificate.

The National Volunteer Award began in 2014, and was created to nationally recognize the extraordinary service provided by volunteers, draw attention to their vast skills and contributions, and encourage an attitude of stewardship and responsibility in caring for Corps lands, facilities, and resources. The intent of the award is to distinguish those individuals, couples/family units who give their skills, talents, and time beyond the normal call of duty and whose creditable service to the Corps has resulted in the significant enhancement to one or more of the Corps business lines.

Nominations must be routed through each District. The nominations will electronically forward nomination packages assembled in accordance with the criteria and instructions

More information about these awards can be found on the NRM Gateway at <https://corpslakes.erdc.dren.mil/partners/awards.cfm>



## Corps Foundation Volunteer Excellence Coin Criteria



### 1. Who can receive a coin?

- Every year, each Division may nominate 5 candidates (individuals or family/couples) for the annual National Volunteer Award. Each of these nominees will receive a coin.
- In addition to the annual National Volunteer Award, the coins may be used throughout the year to recognize exceptional/outstanding achievements. It is possible that no coins will be awarded in a year if volunteer efforts are routine.

### 2. When considering a volunteer or a group of volunteers to receive a coin for exceptional service, consider the following accomplishments as a guide. This is neither a comprehensive list nor meant to exclude other achievements.

- How did this volunteer or volunteer group go above and beyond other volunteer's efforts? For example: Did they participate in a lifesaving action.... Did they organize a significant event?
- How did they work with partners to improve recreation, environmental conditions or visitor interpretive facilities?
- How did the volunteer or group contribute significantly to public understanding of the Corps? (Developed a brochure, an app, cell phone

interpretation, self-guided experience, podcast, consistently communicate key messages while roving, etc.)

- Did the volunteer or group help keep an area remain open that would have otherwise been closed?
- How did the volunteer or group contribute to natural resource conservation?

3. Note:

- Achieving a large number of hours is not considered an accomplishment worthy of this award, by itself. However if the volunteer also had a significant impact, that volunteer could be nominated.
- There are a limited number of volunteer coins available annually. Therefore, award them only to the best of the best.

4. Request for volunteer coins for exceptional service should be sent to your respective Partnership Advisory Committee (PAC) team member.

<http://corpslakes.usace.army.mil/partners/pdt-members.cfm>