## SIGN-UP FORM

## NPLD 2023

## **RICHARD B. RUSSELL LAKE CLEANUP**

## September 23, 2023, 9:00-1:00

\*Please complete this signup form and mail or email form using contact info at bottom. Sign up for an area of the lake to clean or we can suggest one. Free bags and gloves may be picked up at the following locations:

Russell Lake Project Office - 4144 Russell Dam Drive, Elberton, GA. Richard B. Russell State Park - 2650 Russell State Park Rd, Elberton, GA. Calhoun Falls State Park - Calhoun Falls State Park Rd off Hwy 81, Calhoun Falls SC.

<u>9:00-12:00</u>- Trash Pickup. Bring trash to either state park ramp facility to be tallied.

<u>12:15-1:00</u>- Appreciation lunch at Richard B. Russell State Park Rowing Facility Ramp located on Van Creek by boat or, if driving, just past the Golf Course inside the park. Park address: 2650 Russell State Park Road, Elberton, GA.

NAME:

MAILING ADDRESS:

EMAIL ADDRESS:

PHONE NUMBER:

NUMBER OF PARTICIPANTS:

DO YOU HAVE A CLEANUP AREA IN MIND?

LUNCH:

Yes, I would like the free lunch(how many?)

No thank you.

Mail form to:

US Army Corps of Engineers 4144 Russell Dam Drive Elberton, GA. 30635 ATTN. Cleanup Campaign

Annette.r.dotson@usace.army.mil

QUESTIONS? (706)213-3400 EXT. 0



US Army Corps of Engineers®

VOLUNTEER SEI	<b>RVICE A</b>	GREEMEN	IT-NAT	URAL & CU	LTURAL	RESOURCES	
1. VOLUNTEER AGREEMENT TYPE (Choose 1)				2. NAME OF GROUP (if applicable)			
3. NAME OF VOLUNTEER OR GROUP LEADER COMPLETING FORM (Last, First)				<ul> <li>4. U.S. CITIZEN OR PERMANENT RESIDENT</li> <li>Yes, I am a U.S. citizen or Permanent Resident</li> <li>No, I am not a US Citizen or Permanent Resident (if applicable, list visa type)</li> </ul>			
5. STREET ADDRESS, APT #	6. CITY			7. STATE		8. ZIP CODE	
9. DATE OF BIRTH	10. PHO	NE		11. EMAIL ADDRESS			
12. DEMOGRAPHIC INFORMATION (Op select two or more races. This informati	•		•	•			
<ul> <li>12a. Ethnicity (Select one):</li> <li>Hispanic, Latino, or Spanish Origin</li> <li>Not Hispanic, Latino, or Spanish Origin</li> </ul>	Hispanic, Latino, or Spanish Origin 🛛 🔲 American Indian or Alask Not Hispanic, Latino, or Spanish 🔅 🔄 Black or African Americar			Native       Asian         Active Duty Military?       Yes         White       12d. Do you have a disability?		Vilitary? Yes No	
EMERGENCY CONTACT INFORMATION	ON			~			
13. NAME (Last, First)	14. PHONE			15. EMAIL ADDRESS			
16. STREET ADDRESS, APT #		17. CITY		18. STATE		19. ZIP CODE	
GOVERNMENT OFFICIAL COMPLETES THIS SECTION							
20. NAME OF AGENCY/ BUREAU			21. AGREEMENT #				
22. AGENCY CONTACT NAME (Last, First)			23. AGENCY CONTACT EMAIL & PHONE				
24. REIMBURSEMENTS APPROVED: Yes No Type and Rate of Reimbursement:			25. VOLUNTEER POSITION/GROUP PROJECT TITLE:				
26. <b>Description of service to be perform</b> description of service to be performe use of personal equipment and/or ve	d. Service de hicle, skills re	scription should ir	nclude details	such as time and sche	edule commitn	nent, use of government vehicle,	
VOLUNTEER/SERVICE ACTIVITY ABSTRA	CT						
Valid Drive	n of service a r's License re	quired 🔲 Back	ground Invest	r Sign-up Form for Gr igation required	roups attached	Risk Assessment attached	
Volunteer Service Agreement	earance Requ	iired 🗌 Othe	oF301a		l	JSDOI - USDA - USDOC -USDOD	

PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18						
28. NAME	29. PHONE	30. EMAIL ADDRESS				
31. STREET ADDRESS, APT #	32. CITY	33. STATE	34. ZIP CODE			
35. I affirm that I am the parent/guardian of the abovenamed 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.						
36. (NAME OF YOUTH)						
37. Parent/Guardian Signature		38. Date				
VOLUNTEER & GROUP LEADER AFFIRMATION						
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. I know of no medical condition or physical limitation that may adversely affect my (or members of the group's) ability to provide this service. (If a group, see attached OF-301b) I consent to being photographed and to the release of my photographic image. (If a group, see attached OF-301b) <b>I do hereby volunteer my services as described above, to assist in authorized activities at and I agree</b>						
to follow all applicable safety guidelines. See attach	ed OF301b attached if a membe	r of a group. (NAME OF FED	DERAL AGENCY)			
40. Signature of Volunteer or Group Leader		L	41. Date			
The abovenamed 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.						
42. Signature of Government Representative	43. Date					
TERMINATION OF AGREEMENT						
44. Agreement Terminated Date: 45. Total Hours Completed:						
46. Signature of Government Representative:						
PUBLIC BURDEN STATEMENT						
Completing this form is voluntary, but failure to provide the information will prevent program participation. 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 1093-0006. 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 the Interior (USDOI), U.S. Department of Agriculture (USDA), U.S. Department of Defense (USDOD), and U.S. Department of Commerce (USDOC) are equal opportunity providers and employers and 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 of communication of program information should contact the volunteer program to which they are applying. If you would like to file a Section 508-related complaint, please contact the DOI Section 508 Program via email at section508@ios.doi.gov or phone (202) 208-1530.						
PRIVACY ACT STATEMENT						
Collection and use is covered by Privacy Act System of Records INTERIOR/DOI-05 Interior Volunteer Services File System (which may be viewed at https://www.doi.gov/privacy/doi-notices) and OPM/						

Conjection and use is covered by Privacy Act System of Records INTERTICIVIOL-US Interior Volunteer Services File System (which may be viewed at https://www.doi.gov/privacy/doi-notices) and OPM/ GOVT-1 General Personnel Records (which may be viewed at https://www.opm.gov/information-management/privacy-policy/#url=SORNs) 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 information is used to identify persons interested in participating in a government volunteer program, managing the volunteer program, including tort claims and injury compensation. Records or information contained in this system may be disclosed outside the agencies participating in this program as a routine use pursuant to 5 U.S.C. 552a(b)(3. Completing this form is voluntary, but failure to provide the information will prevent program participation.