

I understand that I will not receive any compensation for the above service and that volunteers are NOT considered Federal employees for any purpose other than tort claims and injury compensation. 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 statement I have checked below is true:

- I know of no medical condition or physical limitation that may adversely affect my ability to provide this service.
- I do know of a medical condition or physical limitation that may adversely affect my ability to provide this service and have explained it to Angela Abel

I do hereby volunteer my services as described above, to assist in agency-authorized work. I agree to follow all applicable safety guidelines.

Walter Masson
(Signature of Volunteer)

3/10/11
(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 and injury compensation to the extent not covered by your volunteer group, if any.

(Signature of Government Representative) District Ranger RRRD

(Date)

Termination of Agreement

Volunteer requests formal evaluation Yes No

Evaluation Completed _____
(Date)

Agreement terminated on _____
(Date) _____
(Signature of Government Representative) District Ranger-RRRD

Public Burden Statement

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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 and injury compensation. Furnishing this data is voluntary, however if this form is incomplete, enrollment in the program cannot proceed.

Description of service to be performed.

Geoffrey Worssam will be the lead contact for the Crescent Moon Garden Volunteers. He will work with Forest Service personnel to coordinate, propose, and implement all gardening activities with Crescent Moon volunteer groups and leaders. All new proposals that involve gardening with shrubs and trees will need a 6 month advance approval from the Forest Service Landscape Architect. The Forest Service will make yearly inspections of the site to ensure proper native plant propagation. The FS volunteer coordinator will be kept up-to-date on any project changes or planned events. Volunteer work on the Crescent Moon Ranch includes gardening within the designated garden plot with historically present garden plants, including orchard trees, routine maintenance and cleaning of the Dumas ditch for preservation of Forest Service water rights for the ranch, and projects proposed and coordinated with the Red Rock Ranger District Archeologist for historical preservation. Unless otherwise agreed upon, all costs of materials and other expenses will be provided by the Crescent Moon volunteer group. Volunteers will always have professional, courteous and helpful attitude when dealing with all members of the public, fellow volunteers and Forest Service employees. All work requires the use of appropriate personal protective equipment (PPE), if needed the FS may provide PPE for scheduled volunteer events. Before the start of volunteer activities the liaison or appointed volunteer leader will discuss with volunteers safe working conditions and potential hazards and have volunteers sign a Tailgate Safety form and return to the volunteer coordinator. A list of Native Species that has been approved by a Botanist is provided (see attached).

For no reason will the US Forest Service allow any members to profit from this community garden. No produce from this garden can be sold for profit nor can any member host paid classes, seminars, or workshops in association with this garden. Anyone found violating the terms of this agreement will be terminated. Any media outreach regarding the community garden will go through our Forest Service Public Affairs Officer prior to publication.

Red Rock Ranger District Volunteer Information

The Forest Service may provide a "thank you" meal to their volunteers in FY11 and provide non-monetary awards to some volunteers. Annual Red Rock pass will be provided in exchange of 16 documented volunteer hours at the end of the fiscal year.

The volunteer will always have a professional, courteous and helpful attitude when dealing with all members of the public, fellow volunteers and Forest Service Employees.

Any volunteer under this agreement injured while participating in an authorized FS project must contact the on site FS project coordinator and district Volunteer Coordinator as soon as possible. Members are asked to then follow the established FS protocol. First priority is to seek immediate medical care at volunteer's health provider of choice.

Use of personal equipment, i.e ATV/OHV's, bikes, hand tools, trailers and construction equipment and all trail and resource work must be coordinated and approved by either the Volunteer Coordinator or FS project liaison.

Under this agreement, unless other agreements have been authorized by the Volunteer Coordinator, reimbursement for lost or damaged personal equipment, donated supplies, transportation, fuel and equipment repairs are not authorized.

Safety Requirements: Volunteers attending a work project must be prepared by wearing long pants, sturdy shoes with good traction (preferably work boots), long sleeve shirts, work gloves, safety glasses, hard hat or safety helmets, enough water and food for the day, personal items if needed (first-aid, medications, sunscreen, etc.) Forest Service will provide tools and any specialized safety equipment such as hardhats, safety glasses, etc. as needed. Participants are encouraged to use situation awareness at all times during projects and events.

Under this agreement, field supervisors and their volunteers will review and discuss Forest Service applicable ethics and conduct, JHA's (Job Hazard Analysis), project information, safety documentation, recording hours, supervisor expectations, as well as the volunteer roles and responsibilities. Contact Angela Abel, Volunteer Coordinator (928)203-7535, with any questions or comments pertaining to this agreement.

Government Vehicle required? Yes No

Personal Vehicle to be used? Yes No

Valid State Driver's License International Driver's License

Please verify that the volunteer is in possession of one of these documents.
DO NOT keep a copy of the document for his/her file.

U.S. Department of Agriculture Forest Service	1. WORK PROJECT/ACTIVITY Weeding and Planting at Ranger Station	2. LOCATION Coconino National Forest	3. UNIT RRRD
JOB HAZARD ANALYSIS (JHA) References-FSH 6709.11 and -12 (Instructions on Reverse)	4. NAME OF ANALYST Sarah Belcher	5. JOB TITLE RRRD Landscape Architect	6. DATE PREPARED 5/11/2010
7. TASKS/PROCEDURES	8. HAZARDS	9. ABATEMENT ACTIONS Engineering Controls * Substitution * Administrative Controls * PPE	
Foot travel in the field Project work of all types	Usual projects accidents: bumps,bruises,cuts, falls,etc.	Use good workman technique and proper protective equipment. Take your time and be careful. Be careful of your footing and wear appropriate footwear.	
Use of hand tools (shovels,pulaskis, McCloud,hoes, loppers, combis)	Hand and foot injuries	Must be familiar with equipment, use protective equipment. Take time and be careful. Don't work too closely to other workers or visitors. Communicate if you are getting crowded.	
Weed Eradication	Hazards of spines,prickles, toxins,allergens.	Wear appropriate protective clothing (including long sleeve shirts) and gloves. Avoid direct contact of plant sap to eyes, nose and mouth.	
Sun Exposure	Sun Burn	Wear sunscreen, hat, sunglasses, long sleeve/pants. During times of hot weather, dyhydration and fatigue can make you more vulnerable to accidents. Drink plenty of fluids and take breaks in the shade.	
Weed disposal	Inhalation of toxic smoke and mold spores	Conduct weed disposal only in designated areas. Avoid breathing smoke if plants are burned. Dispose bags containing plants immediately or contain bags in an outdoor storage area. Avoid breathing air from bags in which plants have decayed.	
Contact with venemous plants, insects or snakes	Stings, bites, rash	Check for insects and snakes that might pose a safety issue. Get help if you need it.	
Roadside weed eradication	Traffic accidents	Wear safety vest. Use alertness and caution regrading passing vehicles. Yield to vehicles.	
Field work and travel	Unanticipated events	Let people know where you are going and anticipate time of return. Allow plenty of time if conditions are poor.	
Field Work	Heat stress	Understand effects of working in heat extremes. Recognize signs and symptoms of heat stress and how to treat. Stay hydrated.	
Lifting	Injury to back	When lifting: 1.) Stand close to load with feet apart. 2.) Bend knees, keeping back straight as possible. 3.) Firmly grip under load. 4.) Lift with legs, arms and shoulders in a gradual smooth motion-Do not use the back and stomache muscles. Keep load close to body 5.) Avoid twisting motions.	

JHA Instructions (References-FSH 6709.11 and .12)

The JHA shall identify the location of the work project or activity, the name of employee(s) involved in the process, the date(s) of acknowledgment, and the name of the appropriate line officer approving the JHA. The line officer acknowledges that employees have read and understand the contents, have received the required training, and are qualified to perform the work project or activity.

Blocks 1, 2, 3, 4, 5, and 6: Self-explanatory.

Block 7: Identify all tasks and procedures associated with the work project or activity that have potential to cause injury or illness to personnel and damage to property or material. Include emergency evacuation procedures (EEP).

Block 8: Identify all known or suspect hazards associated with each respective task/procedure listed in block 7. For example:

- a. Research past accidents/incidents.
- b. Research the Health and Safety Code, FSH 6709.11 or other appropriate literature.
- c. Discuss the work project/activity with participants.
- d. Observe the work project/activity.
- e. A combination of the above.

Block 9: Identify appropriate actions to reduce or eliminate the hazards identified in block 8. Abatement measures listed below are in the order of the preferred abatement method:

- a. Engineering Controls (the most desirable method of abatement). For example, ergonomically designed tools, equipment, and furniture.
- b. Substitution. For example, switching to high flash point, non-toxic solvents.
- c. Administrative Controls. For example, limiting exposure by reducing the work schedule; establishing appropriate procedures and practices.
- d. PPE (least desirable method of abatement). For example, using hearing protection when working with or close to portable machines (chain saws, rock drills, and portable water pumps).
- e. A combination of the above.

Block 10: The JHA must be reviewed and approved by a line officer. Attach a copy of the JHA as justification for purchase orders when procuring PPE.

Blocks 11 and 12: Self-explanatory.

Emergency Evacuation Instructions (Reference FSH 6709.11)

Work supervisors and crew members are responsible for developing and discussing field emergency evacuation procedures (EEP) and alternatives in the event a person(s) becomes seriously ill or injured at the worksite.

Be prepared to provide the following information:

- a. Nature of the accident or injury (avoid using victim's name).
- b. Type of assistance needed, if any (ground, air, or water evacuation).
- c. Location of accident or injury, best access route into the worksite (road name/number), identifiable ground/air landmarks.
- d. Radio frequencies.
- e. Contact person.
- f. Local hazards to ground vehicles or aviation.
- g. Weather conditions (wind speed & direction, visibility, temperature).
- h. Topography.
- i. Number of individuals to be transported.
- j. Estimated weight of individuals for air/water evacuation.

The items listed above serve only as guidelines for the development of emergency evacuation procedures.

JHA and Emergency Evacuation Procedures Acknowledgment

We, the undersigned work leader and crew members, acknowledge participation in the development of this JHA (as applicable) and accompanying emergency evacuation procedures. We have thoroughly discussed and understand the provisions of each of these documents:

SIGNATURE	DATE	SIGNATURE	DATE
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_____	_____	_____	_____
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