

Volunteer Service Description: Park Clean-Up Volunteer

Service Details		<i>response</i>
Service Type:	Event / One-Time	
Service Date(s):	04/19/2026	
Service Location:	Monument Parade Ground	
Time Commitment:	2 hours (9:00am – 11:00am)	

Supervision and Support		<i>response</i>
Position Supports:	Maintenance / Facilities	
Primary Supervisor:	Eric Ott	
Title:	Volunteer Coordinator	
Email:	Eric_ott@nps.gov	
Phone:	1 (646) 841-4289	
Secondary Contact(s):	Ramon Mangual (ramon_mangual@nps.gov), Bryant Culbreth (e: bryant_culbreth@nps.gov, p: 917-750-5536)	

Main Goals for Position
<ul style="list-style-type: none"> • Maintenance and upkeep of park resources • Clearing trash and debris from site

Description of Duties
<ul style="list-style-type: none"> • Sweeping up salt and other debris left over from winter operations • Picking up and bagging the trash accumulation around the site

Required Qualifications	<i>response</i>
Prior training or certifications are required.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Minimum age requirement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health or physical condition requirement? (<i>i.e. medical clearance required</i>)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Explain, if necessary, any of the above:

Working Environment and Safety Considerations
Describe working environment, climate, and physical demands this position may encounter.

- Standing or walking for periods of 2 hours per day
- Lifting loads or carrying loads of up to 50 pounds
- Performing duties in temperatures ranging from 30 degrees to 60 degrees

Government Property and Equipment	<i>response</i>
Personal Protective Equipment (PPE) will be provided to the volunteer.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
The volunteer will use a government vehicle (GOV) for volunteer duties.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
The volunteer will use government equipment for volunteer duties.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Explain, if necessary, any of the above:

Work gloves, trash bags, pickers, brooms, rakes, shovels and other necessary equipment will be provided to the volunteers.

Personal Property and Equipment	<i>response</i>
The volunteer will use a personal vehicle (POV) for volunteer duties.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
The volunteer will use personal equipment for volunteer duties.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
The volunteer must supply parts of the volunteer uniform for this position.	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Explain, if necessary, any of the above:

Volunteers must supply weather-appropriate clothing (pants, jacket, sneakers/boots etc.)

Internal Controls	<i>response</i>
Position: Position requires a background investigation.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Money: Will be handling permits, passes, fees or government money.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Access: Will have unsupervised access to government buildings.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Computers: Will have access to the DOI Network/government computer.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Explain, if necessary, any of the above:

Volunteer Benefits	<i>response</i>
Reimbursements approved?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Housing provided?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Trainings provided?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Travel approved?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Uniform provided?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Explain, if necessary, any of the above:

- Volunteer will be provided with a park orientation and general volunteer training for park

clean-up operations.

Additional Items

VOLUNTEER SERVICE AGREEMENT—INTERPRETATION

1. VOLUNTEER AGREEMENT TYPE (Choose 1) <input type="checkbox"/> Individual OR <input type="checkbox"/> Group		2. NAME OF GROUP (if applicable)	
3. NAME OF VOLUNTEER OR GROUP LEADER COMPLETING FORM (Last, First)		4. U.S. CITIZEN OR PERMANENT RESIDENT <input type="checkbox"/> Yes, I am a U.S. citizen or Permanent Resident <input type="checkbox"/> No, I am not a US Citizen or Permanent Resident (if applicable, list visa type _____)	
5. STREET ADDRESS, APT #	6. CITY	7. STATE	8. ZIP CODE
9. DATE OF BIRTH	10. PHONE	11. EMAIL ADDRESS	

12. DEMOGRAPHIC INFORMATION (Optional): Please indicate both ethnicity and race and tell us if you are a veteran or have a disability. Multiracial respondents may select two or more races. This information will inform our understanding of diversity and inclusion among the volunteer force in the natural and cultural resource areas.

12a. Ethnicity (Select one): <input type="checkbox"/> Hispanic, Latino, or Spanish Origin <input type="checkbox"/> Not Hispanic, Latino, or Spanish Origin	12b. Race (Select one or more, regardless of ethnicity): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	12c. Are you a Military Veteran or Active Duty Military? <input type="checkbox"/> Yes <input type="checkbox"/> No 12d. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
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EMERGENCY CONTACT INFORMATION

13. NAME (Last, First)	14. PHONE	15. EMAIL ADDRESS	
16. STREET ADDRESS, APT #	17. CITY	18. STATE	19. ZIP CODE

GOVERNMENT OFFICIAL COMPLETES THIS SECTION

20. NAME OF AGENCY/ BUREAU	21. AGREEMENT #
22. AGENCY CONTACT NAME (Last, First)	23. AGENCY CONTACT EMAIL & PHONE
24. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input type="checkbox"/> No Type and Rate of Reimbursement:	25. VOLUNTEER POSITION/GROUP PROJECT TITLE:

26. Description of service to be performed. Provide a brief abstract of volunteer or service activity and the location of the volunteer activity, and attach description of service to be performed. Service description should include details such as time and schedule commitment, use of government vehicle, use of personal equipment and/or vehicle, skills required (note certifications if necessary), level of physical activity required, etc.

VOLUNTEER/SERVICE ACTIVITY ABSTRACT

27. Check all that apply:

<input type="checkbox"/> Description of service attached	<input type="checkbox"/> OF-301b Volunteer Sign-up Form for Groups attached	<input type="checkbox"/> Risk Assessment attached
<input type="checkbox"/> Valid Driver's License required	<input type="checkbox"/> Background Investigation required	
<input type="checkbox"/> Medical Clearance Required	<input type="checkbox"/> Other:	

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
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VOLUNTEER & GROUP LEADER AFFIRMATION

39. 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.

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)

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)

40. Signature of Volunteer or Group Leader	41. Date
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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
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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 (USDOL), 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/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.

VOLUNTEER SERVICE AGREEMENT—Natural & Cultural Resources Volunteer Sign-up Form for Groups

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

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

VOLUNTEER NAME (Last, First)	VOLUNTEER E-MAIL ADDRESS	VOLUNTEER TELEPHONE NUMBER	MONTH & YEAR OF BIRTH	VOLUNTEER SIGNATURE	I understand the health and physical condition requirements for this position, and I know of no medical condition or physical limitation that may adversely affect my ability to provide this service.	I consent to being photographed, and to the release of my photographic image.
					Yes No	Yes No
					Yes No	Yes No
					Yes No	Yes No
					Yes No	Yes No
					Yes No	Yes No
					Yes No	Yes No
					Yes No	Yes No
					Yes No	Yes No
					Yes No	Yes No
					Yes No	Yes No
					Yes No	Yes No
					Yes No	Yes No

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 [HYPERLINK "mailto:section508@ios.doi.gov"](mailto:section508@ios.doi.gov) section508@ios.doi.gov or phone (202) 208-1530.

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Job Hazard Analysis Template

JOB HAZARD ANALYSIS – FORM 1.1			
JOB HAZARD ANALYSIS (JHA)	Date: 2/9/2026	New JHA/Revised JHA: New JHA	
Park Unit: CACL	Division: Interpretation	Branch:	Location: Castle Clinton NM
JOB TITLE: Litter Clean-Up		JHA Number: CACL-03	Page <u>1</u> of <u>2</u>
Job Performed By: Single Event VIPs	Analysis By: Eric Ott	Supervisor: Ramon Mangual	Approved By: Callie Tominsky
Required Standards and General Notes:			
Required Personal Protective Equipment: Sturdy footwear, work gloves, sunscreen, appropriate clothing for weather			
Tools and Equipment: trash bags, brooms, shovels, rakes, grabbers			
Sequence of Job Steps	Potential Hazards/Injury Sources*	Safe Action or Procedure	
1) Walking to/From Job Site	FS = Trip or Fall BS = Struck by tools while walking	Wear PPE, be attentive to footing and trip hazards Maintain safe distance/spacing while walking; use tool guards if available; carry tool at your side, parallel to ground, gripped at balance point behind tool head, with head forward and with sharp edge down & on down-slope side	

*Injury Source for the middle column: SB= Struck-By, SA = Struck-Against, CBY = Contacted-By, CI = Caught-In, CB = Caught-Between, CO = Caught On, FB = Fall-to- Below, CW = Contacted-With, O = Overexertion or Repetitive Motion, FS = Fall-to-Surface, BR = Bodily reaction, E = Exposure to Chemical, Noise, etc.

JOB HAZARD ANALYSIS – FORM 1.2

JHA – CONTINUATION SHEET

JHA Number: CACL-03

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Sequence of Job Steps	Potential Hazards/Injury Sources*	Safe Action or Procedure
2) Picking up Trash	O = Overexertion/repetitive motion CBY = Cuts from sharp objects	Take breaks as necessary; use proper lifting techniques for heavy objects (lift with legs, back straight); transport heavy loads with wheelbarrow; enlist help of others as needed Wear gloves
3) Special Hazards	BR = Encounters with rusty objects, venomous snake bites, other toxins E = Exposure to hazards associated with waste typical from an urban environment	Be observant for things that are suspicious or out of place (needles, small plastic bags, sharp objects like small pocketknives, strong chemical odors, etc.) Immediately leave the area and call police/911

***Injury Source for the middle column: SB= Struck-By, SA = Struck-Against, CBY = Contacted-By, CI = Caught-In, CB = Caught-Between, CO = Caught On, FB = Fall-to- Below, CW = Contacted-With, O = Overexertion or Repetitive Motion, FS = Fall-to-Surface, BR = Bodily reaction, E = Exposure to Chemical, Noise, etc.**