#### Thunder Bay National Marine Sanctuary



# Volunteer Application

Date:	_					
Name:	Preferred Nickname:					
Last 4 digits of SSN#:	Date of Birth:	(	Street Address:			
Home Phone:	hone:City/ State/ Zip:					
Work Phone:	Nork Phone:Cell Phone:					
Email:	nail:Best Days/Times to contact you:					
Please describe any reser			acted at any of the cont			
Employment Status (Pleas	se check one):	□ Employed	□ Unemployed	□ Retired	□ Student	
Emergency Conta	act					
Name of person to contact	in case of emergend	Cy:				
Phone # of this person:		Re	Relationship to you:			

# Availability

Please indicate the times you are usually available for a volunteer assignment.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
□ Morning	□ Morning	□ Morning	□ Morning	□ Morning	□ Morning	□ Morning
☐ Afternoon	□ Afternoon	□ Afternoon	□ Afternoon	□ Afternoon	□ Afternoon	□ Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening
How long of a commitment are you interested in making?						
Area Preferences: Please indicate areas where you may be interested in volunteering.						
Greeter	eter		ograms 🗆 Doo	cent 🛛 Specia	I Events □ Re	search Collection
Other						
Special Skills or Training:						

## Volunteer Application (Continued)

#### Please read the following carefully and sign on the line provided.

The National Marine Sanctuaries Act (NMSA) (P.L. 102-587) (16 U.S.c. 1431 et seq), authorizes the Secretary of Commerce to accept the donation of the services of individuals for use in designating and administering national marine sanctuaries. This authority has been delegated to the National Oceanic and Atmospheric Administration (NOAA), National Ocean Service, Director of the Office of Coastal Resource Management (OCRM).

I understand and fully acknowledge that, in volunteering for Thunder Bay National Marine Sanctuary and Underwater Preserve, I am entering an AT WILL relationship and that this relationship can be terminated at any time by me or by TBNMS&UP for good cause, bad cause, or no cause at all.

I understand that as a volunteer I am not considered a Federal employee for any purpose other than injury compensation or laws related to the Tort Claims Act and will not be paid for my services as a volunteer. This waiver of salary payment does not include reimbursement for travel and per diem expenses, injury compensation, or matters covered by the Tort Claims Act.

I understand that as a volunteer, I am not an official representative of TBNMS&UP and unless authorized to do so, will not speak for NOAA or TBNMS&UP in an official capacity and will not express a personal opinion as one held by NOAA or Thunder Bay National Marine Sanctuary and Underwater Preserve.

Applicant's Signature:	Date:
If under 18 years of age:	
Signature of Parent or Guardian:	Date:

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Name of Volunteer:		
Volunteer's Address:		
NOAA Facility and Location:		
Planned Period of Volunteer Service From:	То:	
Description of Duties to be Performed:		

**Conditions:** Volunteer service in aid of NOAA programs is without compensation. Volunteers are not considered federal employees except for the purposes of the Tort Claims Provisions of Title 28 U.S.C. and compensation for on- the-job injuries of Subchapter I of Chapter 81 of Title 5 U.S.C. The volunteer arrangement may bet.erminated at any time by either NOAA management or the volunteer.

I, the underlying, having made an offer of my services as a volunteer without compensation, accept the terms of this agreement.

Signature of Volunteer	Date
OFFICE USE ONLY	
Approved by	Date

Date

Signature and Title of NOAA Supervisor

## Waiver of Compensation

In consideration of the acceptance of my offer to serve as a volunteer to the National Marine Sanctuary Program. I hereby affirm that I will not except or demand any compensation for my service . I, the undersigned, having made an

offer of my services to the Government of the United States on a voluntary basis without payment of a salary or other benefits, do hereby for myself, my heirs, and assigns forever discharge and release the Government of the United

States from any claims, suits, or demands which I or my heirs or assigns may, can or shall have in connection with regards to compensation for these volunteer services .

**Organizational Assignment** 

Signature of Volunteer

Date

Signature of Witness

Date