

# Volunteer Services Agreement

# Attachment C

Volunteer Group/Individual Wallowa Mountains Hells Canyon Trails Association  
 Volunteer Agreement Number 18-VG-1106160004-0014

IF VOLUNTEER IS UNDER AGE 18 – Name of Parent or Legal Guardian	Home Phone	Mobile Phone	Email Address
Street Address	City	State	Zip
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 sponsored by _____ at _____ <small>(Name of Sponsoring Organizations, if applicable) (Name of Volunteer Duty Station)</small>			
From _____ to _____ <small>(Date) (Date) (Parent/Guardian) (Date)</small>			

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