USDA Forest Service										
ACREEME	NT EO	D INDIVIDI	1 ^	LVOLUNT	ARY SERVICES					
	_		_							
(Act of May 18, 1972, P.L.92-300, as amended) 1. Name (Print Last, First, Middle Initial)										
2. Address (Street, City, State,	ZIP Coa	le)								
3. Description of work to be per										
Biomass sampling on the Chugach National Forest, in the Glacier and Seward Ranger Districts. This project is part of a collaboration between Chugach National Forest, Pacific Northwest Research Station and the University of Alaska, Anchorage, to determine the capability of vegetation on the Kenai Peninsula to support moose.										
See attached protocol of work. briefed on field and wild animal		Hazard Analys	sis '	will be reviev	wed and signed, crews will also be					
Volunteers will follow all aspects of the Chugach National Forest Safety Action Plan. The Moose Browse Data Collection Field JHA will be reviewed, signed, and followed by all volunteers. Daily tailgate safety sessions will be documented in accordance with the District Safety Plan.										
September 14 - October 10, 200	6									
4. All of the above described wo	rk will b				otherwise provided, I understand this					
service will not confer on me to					ement at any time by notifying the					
other party. I hereby voluntee authorized work.										
6. Signature (Volunteer)	7. Date									
,										
8. Signature of Parent or Guard	9. Date									
		TANCE FOR T			RVICE					
The Forest Service agrees while	tnis agi	reement is in e	тес	et to:						
1. Reimburse you for necessary	/ incider	ntal expenses.	to t	he extent fun	ds are available, as follows:					
		lo			,					
				Amount if ye	es:					
				Damada						
a. Subsistence				Remarks:						
53.535 5			R	ate if yes:						
b. Transportation			R	emarks:						

Remarks:

Remarks:

6. Unit

7. Date

2. Consider you as a federal employee for the purpose of tort claims and compensation for work injuries.

5. Title

3. Authorize you to operate federal motor vehicles when necessary, provided you are licensed to operate a

c. Provide Lodging

d. Other

4. Signature

motor vehicle.

TERMINATION OF AGREEMENT							
1. Agreement Terminated on (Month, Day, Year)	2. Signature (Unit Manager/Staff Officer)						
7/18/2006							
3. Remarks:							
ACCOMPLISHMENTS (Optional)							

RESOURCE CATEGORY	NIRP CODE	UNIT OF MEASURE	AMOUNT ACCOMP.	HOURS CONTR.	COST TO GOVT.	APPRAISED VALUE (Dollars)
(a)	(b)	(c)	(d)	(e)	(f)	(g)