



Welcome  
to the  
Summer Elwha  
Field Course

Elwha River, 1943



# Student Handbook 2013

North Olympic Peninsula Skills Center

June 24, 2013

Dear Students and Families,

Welcome to North Olympic Peninsula Skills Center's (NOPSC) Natural Resources Class. I am excited that you are involved in this unique learning opportunity. Be ready to engage in science, participate in real world projects in our local environment and develop skills.

The goal of the NOPSC is to prepare high school-aged students for a career or future study in a local and relevant field. On the North Olympic Peninsula, there are many opportunities for students to move on to jobs, internships, or college programs related to natural resources. My role at NOPSC Natural Resources, besides providing for the safety and skills-based education of students, is to help students transition to future opportunities.

Natural resources professionals from private companies, public agencies, non-profit organizations, tribes, and educational institutions have helped design, plan and support this class. These professionals have identified industry skills, and they hold high expectations for students in this class. Through showing growth or proficiency in these skills and rising to meet expectations, students will be successful in this class and in future opportunities.

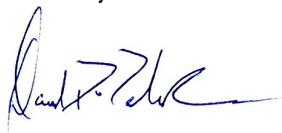
This handbook introduces you to the class and contains the following documents:

- Course Syllabus and Grading Rubrics
- Activities and Schedule
- Class Rules, Penalties, Rewards, and Procedures
- Health Information and Permission Slip for all Field Trips
- Natural Resources Handbook Sign-off
- National Park Service Volunteer Service Agreement

Please keep the front section of the handbook for your own reference. Please fill out, sign, and return the back section of the handbook (noted by italics in the list above), by 8:30 am on Tuesday, June 25th. These signed documents are required for participation.

Please feel free to contact me with any questions at the phone numbers and email address listed below. I look forward to working with you. Welcome to Natural Resources Class.

Sincerely,



David Zelenka  
2013 Elwha Course Teacher  
davez@interactive-earth.com



Dan Lieberman  
Natural Resources Teacher (Primary)  
dlieberman@portangelesschools.org

# Natural Resources Summer Elwha Field Course Syllabus

## Class Vision:

Provide students with relevant natural resources skills, knowledge & experience while meeting the needs of individual students and the North Olympic Peninsula region.

## Class Overview:

Natural Resources Summer Elwha Field Course is for people who enjoy being outdoors, want their education to be linked to real-world projects, and may be interested in future natural resources work or study. This class is weekdays, June 24 to July 12 (not July 4th holiday) and meets in Skills Center Room 206 from 8:30am to 3:30pm. For many days, class will be held in the field (near the Elwha River) and will start and end in room 206. Students who show sufficient learning will earn 0.5 credits in science, Career and Technical Education (CTE), or elective.

## What is this Class All About?

We will show proficiency or growth in the Natural Resources QUEST Skills. QUEST stands for the following five overall student learning objectives.

**Questioning:** Understand and use the Inquiry Process as the tool for learning.

**Understanding:** Show multiple levels of learning of Natural Resources content.

**Employability:** Demonstrate competency in areas essential to sustained employment.

**Safety:** Conduct yourself in a safe manner for you and others.

**Terra Cognita (Understand the Land):** Demonstrate outdoor and naturalist skills.

All Natural Resources class work and projects provide students with opportunities to practice and show proficiency or growth in the QUEST skills, which were developed by an Advisory Board of Natural Resources Professionals and are aligned with state and national standards.

## What will we Be? *Respectful & Responsible Stewards of Natural Resources*

We will be a team made up of individuals with high expectations and high support for each other. We will be thoughtful and caring citizens of our classroom, community and earth.

## What will we Do? *Service Learning Projects*

We will learn from Olympic National Park and Lower Elwha Klallam Tribal scientists and educators. We will collect and process scientific data. We will work alongside restoration specialists with native and invasive plants. We will document our work on [www.handsontheland.org](http://www.handsontheland.org), a federal land management agency website. Through doing all of this, we will practice skills essential to success in the work-force or future education and gain a deeper understanding of the Elwha River Restoration Project and planet earth.

## What if I have questions about this syllabus, class, or anything else?

Contact Dave Zelenka with questions, (360)565-1892

Note: The Syllabus and Grading is subject to change. Any changes will be shared with students

# Grading in Natural Resources Summer Elwha Field Course

Students in Natural Resources Summer Elwha Field Course need to show proficiency or growth in five areas.

QUEST Skill	Assignment	Grading
Q	Weed Pull Design	QUEST Skill Q2 Rubric
U	Website Content	QUEST Skill U5 Rubric
E	Daily Evaluations	QUEST Skill E6 See Leadership and Employability Skills worksheet
S	Safety and Preparedness	While in the field, personal safety, preparedness and care for equipment is of primary importance. These skills will be observed and assessed in the field. Each student begins the 3-week class with 4 points. If carelessness with personal safety or equipment is observed, a point will taken away. Personal preparedness includes the requirement to bring a lunch and water on field days. Failure to do so will result in a point loss. Points may be restored.
T	Daily Journal	QUEST Skill T3 Rubric

## What will my grade look like?

Each of the five areas is equally weighted. We will use a 4-point system.

Exceeds Expectations	4	Pass
Meets Expectations	3	Pass
Approaches Expectation	2	Pass
Needs Improvement	1	Not Passing
Weak or No Evidence	0	Not Passing

## How will credit be awarded?

A passing grade ( $\geq 2$ ) + attendance (no absences) = 0.5 science, CTE or elective credits. Due to the short nature of the course and the importance of group effort, no absences will be allowed. Any absences will result in a non-passing grade.

## What about the field trips?

Field work is an essential part of most natural resources careers, plus it gives us an opportunity to engage in hands-on projects outside.

## Can I do make-up work?

Assignments may be re-submitted for re-grading at any time before EOD July 12.

## How do I find out what my grade is?

Get your Skyward login and password from the Skills Center office and go online to Skyward Family Access (You will find a PASD Skyward link on the class Moodle website).

## Assignments and daily information is available on Moodle?

Natural Resources Moodle site: (<http://moodle.oesd.wednet.edu/nopsc/course/view.php?id=12>).

## Course Schedule: June 24 – July 12, 2013

Monday	Tuesday	Wednesday	Thursday	Friday
24 – Classroom	25 – Classroom	26 – Field Day	27 – Field Day	28 – Field Day
Welcome, overview & expectations. Elwha Klallam History - Jamie Valadez. Elwha Restoration Project presentation. Inquiry Overview.	Signed registration packet due. Leave No Trace and Field procedures. Plant Recolonization Overview. Inquiry topic due.	Visit the Feiro Marine Life Center and Lower Elwha Dam. COASST survey, Marine Debris and Kelp Rock and River Monitoring training. Inquiry questions and procedures due.	Meet with groups. West Elwha COASST Survey. Elwha River Monitoring (Lower Site). Meet with groups about Inquiry Project.	Plant Recolonization, Mills Basin sites. Post data in classroom. Elwha River Monitoring (Upper Site).
1 – Field Day	2 – Field Day	3 – Field Day	4 – Holiday	5 – Classroom
Baseline Data - Visit with Elwha Wildlife Biologist Kim Sager. Develop final presentations. Post Hands on the Land content.	Non-native and native plant ID with Restoration Botanist Josh Chenoweth. Plant Recolonization, Aldwell Basin sites. Weed Pull Design, group planning.	East Elwha COASST Survey. Elwha River Monitoring (Middle Site).	No School.	Develop final presentations. Character at Work.
8 – Field Day	9 – Field Day	10 – Field Day	11 – Classwork	12 – Classroom
Smolt Trap Removal. Post Hands on the Land content. Final Project peer review.	Plant Restoration, Service-learning at Matt Albright Native Plant Center 9:30 – 2:30 pm.	Weed Pull Design implementation in Elwha 9:30 – 11 am.	Character at Work activities. Develop final presentations. Post Hands on the Land content.	Final presentations and projects due. Character at Work activities. Final program reflection and evaluation.

### Important Notes:

- Signed Student Handbook due at 9am on June 25<sup>th</sup>.
- Class starts at 8:30am and ends at 3:30pm.
- Closed-toed shoes and long pants required for all field days.
- Lunch and water must be brought to class on field days.
- Cellphones and other personal electronic devices may not be used in class or in the field.
- Schedule subject to change.

## Natural Resources Rules/Penalties/Rewards

Rules set boundaries for what is acceptable behavior to help protect you, others and the environment.	
<p><b>Rules</b></p> <ol style="list-style-type: none"> <li>1. Follow directions the first time given.</li> <li>2. Stay in voice and eye contact of a teacher at all times.</li> <li>3. Show respect for self, others and surroundings.</li> <li>4. Communicate respectfully with voice and body language.</li> <li>5. Cellphones and other personal electronic devices may not be used in class or in the field.</li> <li>6. Follow all published rules (safety, school, transportation and public)</li> </ol>	<p><b>Penalties (if you break a rule)</b></p> <ol style="list-style-type: none"> <li>1. Receive a verbal warning.</li> <li>2. Complete a relevant penalty (respectful letter, relocation, etc.).</li> <li>3. Complete 'my action plan' (referral).</li> <li>4. Have a parent/guardian conference.</li> </ol> <p>Start at steps 2-4; plan resets daily.</p>

## Natural Resources Class Procedures

Procedures help class run smoothly; they are to be practiced and performed.	
<p><b>Beginning of class:</b></p> <ol style="list-style-type: none"> <li>1. Quietly walk into the classroom.</li> <li>2. Greet the teacher and intern in the room.</li> <li>3. Get your journal.</li> <li>4. Sit at your desk.</li> <li>5. Write the full text of the daily plan and journal prompt.</li> <li>6. Respond to the journal prompt unless 'Journal Prompt' is listed as an item in the daily plan.</li> </ol>	<p><b>End of class:</b></p> <ol style="list-style-type: none"> <li>1. 5-10 minutes before end of class, teacher ties up lesson and makes announcements.</li> <li>2. Students fill out Leadership and Employability forms (Skill E6) and finish work.</li> <li>3. Students put journals and all materials away and clean up work areas.</li> <li>4. End of class we all say goodbye.</li> </ol>
<p><b>When you finish your work early:</b></p> <p>Work on the following items (in this order):</p> <ol style="list-style-type: none"> <li>1. Missing Assignments.</li> <li>2. Revise your Hot Topic website submissions.</li> <li>3. Read Natural Resources materials.</li> <li>4. Sit quietly and work on your own.</li> </ol>	<p><b>Rewards</b></p> <ol style="list-style-type: none"> <li>1. Students will gain a deeper understanding of the marvelous natural features of the Elwha River watershed</li> <li>2. Students will learn employability skills.</li> <li>3. Students will make new friends in a safe environment.</li> </ol>

## Expectations and Rubric for QUEST Skill Q2:

Q2: "I have designed science-based solutions to real world problems."

### Gather Information: Describe the information you have to solve the problem.

Observations and scientific material very relevant	Observations and scientific material present + relevant	Some information missing or not related to plan	Some information missing and some not related	No evidence
4	3	2	1	0

### Explore Ideas: Fully describe at least two different ideas you have.

More than two ideas described	Two ideas described	One idea described	Idea(s) not described	No evidence
4	3	2	1	0

### Plan Summary: Write a summary including reasons for choosing this solution.

Detailed summary and justification	Plan summary is justified	Plan summary not justified	Plan not fully summarized	No evidence
4	3	2	1	0

### Diagram of Plan: Make a labeled diagram.

Detailed + labeled diagram	Labeled diagram	Diagram not labeled	Diagram and labels severely lacking	No evidence
4	3	2	1	0

### Steps to Do the Plan: Write the steps including all materials used in the Plan Summary and in the Diagram of Plan.

Very clear and detailed steps	Detailed steps and materials included	Some steps or details missing	Some steps and details missing	No evidence
4	3	2	1	0

### Test Solution: Describe what you would measure to see how well you solved the problem.

Very detailed and appropriate test(s)	Appropriate test(s) described	Test(s) not fully described	Test(s) not accurate measure(s) of plan	No evidence
4	3	2	1	0

### Peer Review: Provide and respond to thoughtful comments.

Thoughtful comments + changes made	Thoughtful comments provided + acknowledged	Comments provided or acknowledged	Comments neither provided nor acknowledged	No evidence
4	3	2	1	0

# Expectations and Rubric for QUEST Skill U5 – Elwha Inquiry Project

U5: “I have created and communicated new ideas using previously learned material.”

## RESEARCH/PRIOR KNOWLEDGE: Strong observation/background

Extremely perceptive + thoughtful work	Research and prior knowledge present	Research or prior knowledge present	Research or prior knowledge lacking thought	No evidence
4	3	2	1	0

## QUESTION: a “Great Scientific Question” 1) Answerable, 2) measurable, and 3) relevant

All elements + two or more present	All elements present	One of three elements incorrect/missing	Two of three elements missing	No evidence
4	3	2	1	0

## MATERIALS/PROCEDURE: Comprehensive list + steps

Very comprehensive list and specific steps	Bulleted list and numbered steps are clear	Bulleted list or numbered steps are lacking	Bulleted list and numbered steps are lacking	No evidence
4	3	2	1	0

## DATA: Observational data and content is organized for final product development

All data present and very clearly organized	All data present and clearly organized	Some data not present or poor organization	Some data not present and poor organization	No evidence
4	3	2	1	0

## PEER REVIEW: Provide and respond to thoughtful comments.

Thoughtful comments + changes made	Thoughtful comments provided + acknowledged	Comments provided or acknowledged	Comments neither provided nor acknowledged	No evidence
4	3	2	1	0

## FINAL PRODUCT: 1) Answer question, 2) include data, 3) use explanatory language, 4) propose a hypothesis

Four elements present + strong	All four elements present	One element missing	More than one element missing	No evidence
4	3	2	1	0

## PRESENTATION: Persuasive and professional

All elements present + strong	All elements present	Could be more professional	Missing pieces or unprofessional	No evidence
4	3	2	1	0



## Expectations and Rubric for QUEST Skill T3:

T3: "I have clearly documented and organized information and my learning."

In your journal, write the date, copy the daily plan and journal prompt word for word, then write your answer to the prompt. Please do not use abbreviations. Journal prompts are to be answered at the beginning of the class period unless otherwise indicated in the daily plan.

Students are responsible for writing and responding to all journal prompts, even if absent from class. Many class assignments and activities require students to show work in the journal. Most of these are marked with a [J]. Additionally, each group is required to have 10 observational entries into Hands on the Land.

### **COMPLETE: All parts of daily plan, prompt, and student responses are written**

Required text and more present	All required text is present	Some pieces are abbreviated or missing	Many pieces are abbreviated or missing	No evidence
4	3	2	1	0

### **CLEAR: All writing is readable and understandable to an outside observer**

Text is very neat and makes perfect sense	Text is readable and makes sense	Text is difficult to read or understand	Text is very difficult to read and understand	No evidence
4	3	2	1	0

### **ORGANIZED: Each journal entry is logically organized and entire journal is intact**

Entry + journal are together and very organized	Entry + journal are easily navigated	Entry or journal is difficult to navigate	Entry + journal are not together or organized	No evidence
4	3	2	1	0



**\*\*REQUIRED FOR ALL PARTICIPANTS\*\***

**Registration Form**

**For Port Angeles School District Natural Resources Program**

Please complete this entire form legibly and in ink. Be sure to sign where indicated.

The Port Angeles School District (PASD) Natural Resources Program leads field science classes in beautiful North Olympic Peninsula settings. Founded in 2008, PASD Natural Resources teaches field science and career skills to students from across the North Olympic Peninsula. Through the North Olympic Peninsula Skills Center, PASD Natural Resources serves five participating school districts: Port Angeles, Sequim, Crescent, Quileute Valley, and Cape Flattery.

PASD Natural Resources offers classes that incorporate Washington State Science and Career and Technical Education standards through a field-oriented, hands-on, project-based curriculum. PASD Natural Resources' highly-skilled teachers provide these educational adventures while adhering to the highest safety standards. All of our teachers hold a wilderness first responder certification and have completed specific trainings.

To help ensure that your child has the best experience, please take the time to complete and sign the entire form.

**Participant Name** \_\_\_\_\_, \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
(first) (last)

Teacher/Para Parent/Volunteer Student Grade \_\_\_\_\_ Female or Male

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Name of parent(s) or legal guardian \_\_\_\_\_ / \_\_\_\_\_  
(first) (last) (first) (last)

Address (if not same as above) \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**EMERGENCY CONTACTS – parent or legal guardian must be provided as first emergency contact**

#1. Name \_\_\_\_\_ Relation \_\_\_\_\_ Email \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

#2. Name \_\_\_\_\_ Relation \_\_\_\_\_ Email \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

PASD respects the privacy of the information provided by you. PASD will never sell or make available this information to other organizations. PASD reserves the right to use this information for internal marketing and development purposes. Participants can opt out of receiving information from PASD at any time.

**HEALTH INFORMATION: PLEASE FILL OUT COMPLETELY \*DOCTOR SIGNATURE NOT REQUIRED**

Do you have, or have you had, any of the following conditions or symptoms?

**Current Medical Conditions**

- 1. Bleeding/Clotting Disorders  Yes  No
- 2. Asthma  Yes  No
- 3. Diabetes  Yes  No
- 4. Ear Infections  Yes  No
- 5. Heart Defects/Hypertension  Yes  No
- 6. Psychiatric Treatment  Yes  No
- 7. Seizure Disorder  Yes  No
- 8. Immuno-Compromised  Yes  No
- 9. Sleep Walking  Yes  No
- 10. Bedwetting  Yes  No
- 11. Other  Yes  No
- 12. Hospitalized in the last 5 yrs?  Yes  No

**Diseases**

- 13. Chicken Pox  Yes  No
- 14. Measles  Yes  No
- 15. Mumps  Yes  No
- 16. Other Diseases  Yes  No
- 17. Hay Fever  Yes  No
- 18. Iodine  Yes  No
- 19. Poison Oak  Yes  No
- 20. Penicillin  Yes  No
- 21. Bees/Wasps/Insects  Yes  No
- 22. Other  Yes  No

If Participant Has Allergies:

23. Do you carry own Epi-pen?  Yes  No

24. Do you carry own Inhaler?  Yes  No

Date of last Tetanus shot: \_\_\_\_\_

If you have answered "yes" to any of the above items, please explain below. Provide corresponding number.

Question Number	Explanation

**Health Questionnaire: (Attach additional pages if necessary to provide complete information.)**

Is the participant taking any medication?  Yes  No Please list all medications\*\* the participant is taking and the purpose of each.

\_\_\_\_\_

**\*\*Please continue to take all medications as prescribed unless otherwise instructed by your physician.**

Is the participant capable of participating in a 5 mile hike?  Yes  No Are there any restrictions on the participant's physical activity?  Yes  No

Please describe \_\_\_\_\_

\_\_\_\_\_

Does the participant eat **red meat**?  Yes  No **Poultry**?  Yes  No **Fish**?  Yes  No

Does the participant have any **food allergies**? Please specify \_\_\_\_\_

Does the participant have any **food restrictions**? Please specify \_\_\_\_\_

Please provide any additional information that is important for us to know to insure the participant has a quality experience.

\_\_\_\_\_

Name of Physician \_\_\_\_\_ Telephone Number \_\_\_\_\_

Medical Insurance carrier \_\_\_\_\_

Policy #/I.D.# \_\_\_\_\_ Subscriber Name \_\_\_\_\_

Additional information attached:  Yes  No

**AUTHORIZATION FOR TREATMENT: PARENT/GUARDIAN MUST SIGN**

I agree the above information is correct to the best of my knowledge, and I authorize any PASD Staff or volunteer to consent to any Xray, examination, anesthetic, diagnosis, treatment, and/or hospital care that may be recommended by a licensed physician and/or dentist. For minor illnesses or injuries, I understand that PASD will attempt to contact me at the earliest practicable opportunity. For major illnesses or injuries, PASD will attempt to contact me before the commencement of any medical treatment, unless my child's condition is such that treatment must be commenced immediately before contact with me can be made. Even if I cannot be reached, this authorization remains in full force and effect. I authorize PASD staff who have received appropriate training to (1) dispense "over the counter" medication, including aspirin, Tylenol, ibuprofen, Benedryl, Neosporin, Pepto-Bismol, and other similar medications; and (2) administer epinephrine via injection for the emergency treatment of anaphylactic shock that may result from an allergic reaction to insect bites, insect stings, food or plants (such as poison oak). This administration is under the direction of PASD's medical director. I agree to assume full financial responsibility for any medical care/treatment my child may receive.

**\*\*MUST SIGN\*\*Signature of**

**Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# **\*\*REQUIRED FOR ALL PARTICIPANTS\*\***

## **ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS – RELEASE AND INDEMNIFICATION**

### **Definitions**

I understand that the term “**PASD**” as used in this document means and includes Port Angeles School District, and each of their current and former officers, directors, employees, agents, contractors, and affiliated or related entities; the term “**PASD Staff**” means and includes any employee or agent of **PASD**; the term “**I**” means and includes any participant 18 years or older, or the parent or legal guardian of any participant who is younger than 18 years of age; and the term “**Program**” means PASD Natural Resources.

### **Acknowledgment and Assumption of Risks**

I understand that during my participation in this Program, I may be exposed to a variety of risks and hazards, foreseen or unforeseen, which cannot be eliminated without fundamentally altering the unique character of the Program. These inherent risks include, but are not limited to, environmental risks and hazards, including rapidly moving, deep, or cold water; insects, snakes, and predators, including large animals; falling and rolling rock; lightning and unpredictable forces of nature, including weather that may change to extreme conditions without notice. Activities vary from program to program, and may include hiking on steep and uneven terrain, using field science equipment (eg: using water testing probes and tape measures in rivers and forests), ecosystem restoration activities (eg: plant removal and trail maintenance using shovels and picks), backpacking, or snowshoeing. Programs involve travel in PASD or other school district vehicles driven by PASD or other school district employees. Possible injuries and illnesses include hypothermia, frostbite, high altitude illnesses, sunburn, heatstroke, dehydration, and other mild or serious conditions or injuries. Emergency evacuations and medical care may be delayed due to the remote locations where Program activities take place. I understand that this description of the risks involved is not complete, and that other unknown or unanticipated risks may result in property loss, injury, or death. As a condition of my participation in the Program, I agree to assume full responsibility for all the risks that such participation may entail. My participation in this Program is entirely voluntary, and I elect to participate with full knowledge of the inherent risks.

### **Consent to Medical Treatment**

I understand that if I become ill or injured during the course of the Program and am unable to give my consent to any medical treatment that a licensed physician and/or dentist deems necessary, PASD will make a reasonable attempt to obtain consent for treatment from the Emergency Contact(s), that I have provided, before such treatment is commenced, unless my condition is such that treatment cannot be delayed for that purpose. If treatment cannot be delayed, then I hereby consent to such treatment as a licensed physician or dentist determines is necessary.

### **Release and Indemnification**

In consideration of my participation in the Program and the services and amenities provided by PASD, I VOLUNTARILY AGREE TO (1) RELEASE, DISCHARGE, AND HOLD HARMLESS PASD, TO THE FULLEST EXTENT PERMITTED BY LAW, FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, LOSSES, OR LIABILITIES, INCLUDING, BUT NOT LIMITED TO, CLAIMS FOR PERSONAL INJURY OR DEATH, EVEN IF CAUSED BY THE NEGLIGENCE OF PASD (but not its willful or wanton misconduct), ARISING OUT OF OR IN ANY WAY CONNECTED TO THE PROGRAM OR MY PARTICIPATION IN THE PROGRAM; and (2) indemnify and defend PASD, to the fullest extent permitted by law, from and with respect to any and all claims, demands, liabilities, damages or costs, even if caused by the negligence of PASD (but not its willful or wanton misconduct), arising out of or in any way connected with the Program, or my participation in the Program, or occurring during the inclusive dates of my attendance at the Program, and/or from any medical treatment I may receive during the Program.

### **Other Provisions**

PASD and persons designated by it may use my photograph, or any video, writing, artwork and/or testimonials created by me and submitted to PASD. It shall become the property of PASD, and may be used by PASD, at its discretion, for its own marketing and/or development purposes, and I hereby consent to and authorize such use without restriction.

### **Agreement**

- I have had the opportunity to ask PASD any questions I may have about the Program in which I am enrolled, and any questions have been answered to my satisfaction.
- I understand that during some parts of the Program, I will be under the supervision of school district adult volunteers who are not PASD Staff. I understand these adults will undergo background checks by PASD.
- I understand that this document is intended by PASD to have as broad an effect as the law permits, and that if any part of this document is found to be invalid for any reason, the remainder of the document shall remain valid and fully enforceable.
- I have carefully read and I understand this entire document, and I am signing it voluntarily.

### **Signature**

At least one parent or guardian must sign below if the student is under 18 years of age to reflect their understanding and agreement, for themselves and on behalf of the student, to the provisions of the definitions, acknowledgment and assumptions of risk, consent to medical treatment, release and indemnification, other provision, and agreement. Student may sign if 18 and own guardian.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent or Guardian Signature                      Date



**\*\*\* PLEASE SIGN+DATE HERE \*\*\***

## Community Volunteer Opportunities

Do you want to help or does someone you know want to help Natural Resources students or program? Please let me know by filling in your information on this form. In the past volunteers have led field studies, helped plan future Natural Resources opportunities and given in-class presentations on varying subjects.

***This generation of students will manage our natural resources in the near future.***

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Area of expertise, interest, and/or ideas you have for the class: \_\_\_\_\_

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## Natural Resources Elwha Summer Field Course Handbook Parent/Guardian Sign-Off

I \_\_\_\_\_ (*parent/guardian*), and \_\_\_\_\_ (*student*) have fully read, understand, and agreed to abide by the contents of this Natural Resources Elwha Summer Field Course Handbook, 2012.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* PLEASE SIGN+DATE HERE \*\*\***

Comments, concerns and/or questions I have about Natural Resources Elwha Summer Field Course and/or this Handbook:

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To address my comments/concerns/questions, please contact me at: \_\_\_\_\_

# Volunteer Services Agreement for Natural Resources Agencies

for Individuals or Groups

Please print when completing this form

Site Name Olympic National Park	Agency National Park Service	Reimbursement (if any) None	
Name of Volunteer or Group Leader – Last, First, Middle	Home Phone	Cell Phone	Email Address
Street Address	City	State	Zip

IF VOLUNTEER IS UNDER AGE 18 – Name of Parent or Guardian	Home Phone	Cell 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 work that the volunteer will perform.

I give my permission for \_\_\_\_\_ to participate in the specified volunteer activity sponsored

by North Olympic Skills Center at Olympic National Park  
*(Name of Sponsoring Organization, if applicable)* *(Name of Volunteer Duty Station)*

From \_\_\_\_\_ to \_\_\_\_\_  
*(Date)* *(Date)* *(Parent/Guardian Signature)* *(Date)*

Emergency Contact Name	Home Phone	Cell Phone	Email Address
Street Address	City	State	Zip

## Brief description of work to be performed..

Volunteers will assist park staff in the treatment of plants, seed collection, nursery work and exotic weed pulling in Olympic National Park. Volunteers will manually remove plants from the ground either by pulling by hand or through the use of hand-tools provided by the National Park Service. These plants will be disposed of in accordance with plant management guidelines. Volunteers will not be involved in the application of herbicide products. Volunteers may be exposed to plant and animal hazards such as poison oak and stinging and biting insects. All safety equipment (gloves, eye protection, sunscreen, water, first aid kit) will be on site and will be provided by the NPS.

Sites will be identified by NPS personnel. Volunteers will meet with an NPS representative to receive tools, training and instruction before beginning work.

Under 43 C.F.R. § 20.511, Departmental volunteers in the course of their official duties are prohibited from possessing firearms on property under control of the Department. Because of the stated purpose of the sponsors of Section 512 to provide uniformity under applicable state law from bureau-to-bureau, the potential liability issues that could result, and the absence of any criminal penalties applicable to this regulation, this Departmental policy continues to apply to all NPS/FWS employees and volunteers during their official duties. Volunteers who are not on official duty may possess firearms on Departmental lands under the same conditions applicable to members of the general public, according to P.L. 111-24, Section 512. For this purpose, volunteers are considered the same as other employees when engaged in their official activities.  
 See attached position description. *(You can fill in more info here or you can, as suggested, attach the volunteer's position description to the agreement.)*

Government Vehicle required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Valid State Driver's License <input type="checkbox"/> International Driver's License
Personal Vehicle to be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	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.

I understand that I will not receive any compensation for the above work 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 background investigation 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 do hereby volunteer my services as described above, to assist in agency-authorized work.

\_\_\_\_\_  
(Signature of Volunteer)

\_\_\_\_\_  
(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 work described above, and to consider you as a Federal employee only for the purposes of tort claims and injury compensation.

\_\_\_\_\_  
(Signature of Government Representative)

\_\_\_\_\_  
(Date)

### Termination of Agreement

Volunteer requests formal evaluation  Yes  No Evaluation Completed \_\_\_\_\_  
(Date)

Agreement terminated on \_\_\_\_\_  
(Date) (Signature of Government Representative)

### Public Burden Statement

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 0596-0080. 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.

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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.