



Uploading Your VSA to Better Impact

A step by step guide

Finding the Link

A link can be found on our website: www.friendsbrp.org

You may also go directly to the site : <https://app.betterimpact.com/Login/Volunteer>

Through volunteerism, giving and partnerships, **FRIENDS of the Blue Ridge Parkway** connects people with the park we love, helping to protect and promote an irreplaceable national resource.



100 WAYS TO DISCOVER THE BLUE RIDGE PARKWAY

VOLUNTEERS!



Click here to sign up.

Log your volunteer hours here.

HOW YOUR DOLLARS HELP

Click here on the FRIENDS website to log into Better Impact, FRIENDS volunteer data base.

Logging In

MyVolunteerPage.com Login

The image shows a screenshot of the MyVolunteerPage.com login page. The page has a dark header with 'Login' on the left and 'Privacy Policy' on the right. The main content area contains a login form with two input fields: 'Username' and 'Password'. The 'Username' field contains the placeholder text 'INSERT USER NAME'. The 'Password' field is filled with dots. Below the fields are two links: 'Forgot your username or password?' and a 'Login' button. A red box with a red arrow points to the 'Username' field, containing the text 'Insert your Username and Password'. Another red box with a red arrow points to the 'Forgot your username or password?' link, containing the text 'If you have forgotten your Username or Password you can click here or email FRIENDS at Volunteer@friendsbrp.org and we will send it to you.' The footer of the page includes 'MyVolunteerPage' on the left and 'Powered By BETTER IMPACT' on the right.

Login

Username: US Usernames are not case sensitive.

Password: US Passwords are case sensitive.

[Forgot your username or password?](#)

Privacy Policy

Information will not be disclosed to any other party nor used for any other purpose. [Click here to view the complete MyVolunteerPage.com privacy policy.](#)

Search

Search for an organization by
Keyword

MyVolunteerPage

Powered By **BETTER IMPACT**

Volunteer Homepage

HOME OPPORTUNITIES SCHEDULE HOURS REPORTS CONTACT MY PROFILE

Home - Blue Ridge Parkway Volunteers

? Help Log Out

Welcome **Audrey Pearson**
Edit

VOLUNTEER HOURS		
This Week	This Year	Lifetime
0	6	6

Blue Ridge Parkway Volunteers

News

Hi! Thanks for volunteering on the Blue Ridge Parkway!

We are very glad to have you join us in preserving, promoting, and enhancing the parkway for current and future generations.

Here, you can find a walkthrough of how to use this website.

You can use the following links to track your hours, sign up for more, and connect with people in your chapter!

Desktop - <http://MyVolunteerPage.com>

Mobile - <http://MyVolunteerPage.mobi>

Timeclock - Access the timeclock from your mobile device or from the My Volunteer Page on your computer.

Thanks so much for your service. We look forward to seeing you out on the Blue Ridge Parkway!

Get Social

Share this [f](#) [t](#) [+](#)

Files

- [Step by Step Instructions for Logging Hours](#)
- [Volunteer Service Agreement](#)

Instructions for logging hours

VSA: This is a fillable PDF you can open on your computer. Double Click to open.

Volunteer Service Agreement

OMB 0596-0080

VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES		
1. <input type="checkbox"/> INDIVIDUAL	2. <input type="checkbox"/> GROUP	
3. NAME OF AGENCY	4. AGREEMENT #	
5. NAME OF VOLUNTEER (First, Last)	6. U.S. CITIZEN OR PERMANENT RESIDENT <input type="checkbox"/> Yes <input type="checkbox"/> No, list visa type _____	
7. NAME OF GROUP	8. NAME OF GROUP CONTACT (First, Last)	
9. STREET ADDRESS	10. CITY, STATE, ZIP CODE	
11. EMAIL ADDRESS	12. PHONE Home: _____ Mobile: _____	13. AGE <input type="checkbox"/> Under 15 <input type="checkbox"/> 15 - 18 <input type="checkbox"/> 19 - 25 <input type="checkbox"/> 26 - 35 <input type="checkbox"/> 36 - 54 <input type="checkbox"/> 55 and Older
14. ETHNICITY & RACE (Optional): Please report 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.		
14a. Ethnicity (Select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	14b. 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	14c. Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No 14d. Do you have disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMERGENCY CONTACT INFORMATION		
15. NAME (Last, First)	16. PHONE Home: _____ Mobile: _____	17. EMAIL ADDRESS
18. STREET ADDRESS	19. CITY, STATE, ZIP CODE	
GOVERNMENT OFFICIAL COMPLETES THIS SECTION		
20. AGENCY CONTACT NAME (Last, First)	21. AGENCY CONTACT EMAIL & PHONE	
22. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input type="checkbox"/> No Type and Rate of Reimbursement:	23. VOLUNTEER POSITION/GROUP PROJECT TITLE:	
24. 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. If this is a group agreement, the leader is to provide the group name and attach a complete list of group participants or optional form 301b for each volunteer.		
VOLUNTEER/SERVICE ACTIVITY ABSTRACT		
<div style="border: 1px solid black; height: 150px; width: 100%;"></div>		
25. Check all that apply: <input type="checkbox"/> Description of service attached <input type="checkbox"/> List of group participants/optional form 301b attached		

You can fill this form out by clicking the highlighted areas. Please make sure the information is accurate.

Please list any volunteer activity you may be a part of on the Blue Ridge Parkway: Maintenance, Concerts, leading hikes, etc.



PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18		
26. PARENT OR LEGAL GUARDIAN (First, Last)	27. PHONE Home: _____ Mobile: _____	28. EMAIL ADDRESS _____
29. STREET ADDRESS _____	30. CITY, STATE, ZIP CODE _____	
31. 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. (NAME OF YOUTH)		
32. Parent/Guardian Signature _____		Date _____
VOLUNTEER & GROUP LEADER AFFIRMATION		
33. I understand that I will not receive any compensation for the above service 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 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, and certify that the statements I have checked below are true: <input type="checkbox"/> I or group leader know of no medical condition or physical limitation that may adversely affect my or members of the group ability to provide this service. If a group see attached OF301b. <input type="checkbox"/> I or a member of the group have a medical condition or physical limitation that may adversely affect my ability to provide this service and have informed the Government Representative. If a member of a group see attached OF301b. <input type="checkbox"/> I or group member do not consent to being photographed or to the release of my photographic image. If a member of a group see attached OF301b.		
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)		
34. Signature of Volunteer or Group Leader _____		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 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.		
35. Signature of Government Representative _____		Date _____
TERMINATION OF AGREEMENT		
36. Agreement Terminated Date: _____		Total Hours Completed: _____
37. 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. USDA, DOI, DOC and DOD 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.		
PRIVACY ACT STATEMENT		
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.		

You can use this link :
<https://smallpdf.com/sign-pdf>
 It will create an electronic signature for this document.
 You may also print and sign it.

The VSA must be signed.

At this point you can:

- Print and mail it to FRIENDS office.
- Save it to your computer to upload.
- Email the FRIENDS office a scanned copy.

Uploading the Document



Click My Profile

Choose **Additional Info** from the drop down menu

Home - Blue Ridge Parkway Volunteers Help Log Out

Welcome **Audrey Pearson**
[Edit](#)

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MY PROFILE ▾

Additional Info

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Additional Info for Blue Ridge Parkway Volunteers

Save

Volunteer Service Agreement

VSA Signed Date

VSA upload

Remove File

No file chosen

About You

Are you a FRIENDS Member?

Group Information

Are you applying as an individual or a group?

What is your group's name?

Click the **Choose File** button, find the file on your computer and press **Save**.

You should see the PDF attached to your record. You can only have 1 file uploaded to the record.



If you have any problems or questions please contact the FRIENDS office at:

Volunteer@friendsbrp.org or

540-772-2992