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| **Plan de trabajo del servicio del Guardaparque Voluntario** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*\*Él envió del plan de trabajo es obligatorio enviar al iniciar el servicio de voluntariado, lo cual permite control de voluntarios y soporte para incluir al guardaparque en la póliza contra accidentes.  \*\*El evaluador debe enviar el formato totalmente diligenciado y de forma clara al correo guardaparques.central@parquesnacionales.gov.co**.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nombre de la Dependencia** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Área Protegida** | | | | | | | | |  | | | **Dirección Territorial** | | | | | | | | |  | | **Nivel Central** | |  |  | |
| **Nombre completo del Guardaparque Voluntario** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Identificación:** | | Cédula |  | | Pasaporte | | | | | | |  | | Número: | | | | |  | | | | | | | | | | | |  |
| **Categoría:** | **Convocado** | | |  | | **Comunitario** | | | | | | | |  | | | **Institucional** | | | | | |  | |  | | | | | | |
| **Otra:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Número celular:** | | | | | | | | | | | | | | | | | | | | Correo electrónico: | | | | | | | | | | | |
| **Fecha de inicio de actividades:** | | | | | | | **Día** | | |  | | | | **Mes** | | | |  | | | | **Año** | |  | | | |  | | | |
| **Fecha de finalización de actividades:** | | | | | | | | **Día** | | |  | | | **Mes** | | | |  | | | | **Año** | |  | | | |  | | | |
| **Marque con una X, la periodicidad del servicio que desarrollará el GPV** | | | | | | | | | **Horas:** | | | | | | **Semanas:** | | | | | | **Días:** | | | | | **Meses:** | | | | | |

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| **Líneas de apoyo del Guardaparque Voluntario** | |  |  |  | | --- | --- | --- | | Monitoreo e investigación | = |  | | Ecoturismo | = |  | | Planes de manejo –REM | = |  | | Educación Ambiental | = |  | | Prevención, vigilancia y control | = |  | | Infraestructura- | = |  | | Gestión documental | = |  | | Restauración | = |  | | Otra actividad | = |  |   Cual: |
| **Actividades a desarrollar** |  |

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| **Observaciones sobre el servicio a desarrollar** |  |

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| **Firma del Guardaparque Voluntario** | **Firma del Evaluador** |

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| **Extensión del servicio\*** | | | | | | | | | |
| **Fecha de inicio de actividades:** | Día | |  | | Mes |  | Año |  |  |
| **Fecha de finalización de actividades:** | | Día | |  | Mes |  | Año |  |  |

***\****Diligencie esta casilla solo en caso de que se extienda el periodo inicial planteado, y debe remitir nuevamente al correo indicado.