



## VOLUNTEER SERVICE AGREEMENT

**A copy of the volunteer duty statement must be attached.**

|                        |                     |                     |
|------------------------|---------------------|---------------------|
| NAME (First, MI, Last) | HOME PHONE NO.      | ALTERNATE PHONE NO. |
| HOME ADDRESS           | CITY/STATE/ZIP CODE | EMAIL ADDRESS       |

CHECK ONE  
 I am 18 years of age or older.     I am under 18 year of age (Attach a signed Parental/Guardian Permission Form, DPR 208C.)

### SERVICE AGREEMENT

I agree to comply with all Department policies, regulations, directives and instructions, and to conduct myself in a professional manner, consistent with the same standards as established for Department employees.

I understand that I will not be compensated for any work performed as a State Parks Volunteer, other than for reimbursement of necessary and allowable expenses when authorized in my duty statement and in accordance with State rules. [Reimbursement requires that I complete an Oath of Allegiance (STD. 689).]

I understand that any injuries I sustain in the course and scope of performing authorized volunteer services under this agreement shall be included within the scope of workers' compensation coverage maintained by the Department, to the same extent as injuries sustained by a Department employee. I also understand that the Department may, at its discretion, assume liability for tort claims against me arising from my acts or omissions occurring within the course and scope of my authorized volunteer service.

I understand and agree that all rights, title and interest, including copyright, in and to any materials created by me as a volunteer during the term of this agreement shall belong to the Department upon creation and shall continue in the Department's exclusive ownership upon termination of this agreement. Such materials shall be a work for hire within the meaning of the Copyright Act of 1976, as amended. If and to the extent that any portion of the materials created by me pursuant to this agreement are determined not to be a work for hire, I assign to the Department all rights, title and interest in such portion of the materials, including all related copyrights and other proprietary rights. I agree that the provisions of this paragraph shall be effective unless otherwise agreed to in writing. I agree to cooperate with the Department and to execute any document reasonably necessary to give these provisions full force and effect, even if this agreement has been terminated.

I understand that this agreement remains in effect only so long as is mutually agreeable to both the Department and me, and that either I or the Department may terminate this agreement at any time, with or without cause, and with or without advance notice.

|                                            |                            |                              |
|--------------------------------------------|----------------------------|------------------------------|
| DISTRICT/DIVISION WHERE VOLUNTEER ASSIGNED | WORK LOCATION/PARK UNIT(S) | DATE VOLUNTEER TO BEGIN WORK |
|--------------------------------------------|----------------------------|------------------------------|

|                                                                                                                                                                      |                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>VOLUNTEER APPROVAL:</b> <i>I hereby volunteer my services as a State Parks Volunteer for the job duties attached.</i><br><br>VOLUNTEER SIGNATURE _____ DATE _____ | <b>DEPARTMENT APPROVAL</b> (contingent on approval of appropriate forms)<br><br>DEPARTMENT REPRESENTATIVE SIGNATURE _____ DATE _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|

### EMERGENCY NOTIFICATION

**First**

|                |              |                     |                     |
|----------------|--------------|---------------------|---------------------|
| NAME           | RELATIONSHIP | HOME PHONE NO.      | ALTERNATE PHONE NO. |
| STREET ADDRESS |              | CITY/STATE/ZIP CODE |                     |

**Second**

|                |              |                     |                     |
|----------------|--------------|---------------------|---------------------|
| NAME           | RELATIONSHIP | HOME PHONE NO.      | ALTERNATE PHONE NO. |
| STREET ADDRESS |              | CITY/STATE/ZIP CODE |                     |

|                          |                                                                                                                 |                                           |
|--------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| DATE VOLUNTEER SEPARATED | <input type="checkbox"/> Review prior to reinstatement.<br><input type="checkbox"/> Volunteer in good standing. | DEPARTMENT REPRESENTATIVE SIGNATURE _____ |
|--------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------|