

# Individual Volunteer Registration Agreement/Time Record

<b>Name (Print):</b>	<b>Email:</b>
<b>Mailing Address:</b>	<b>Work Site/Location Name:</b>
<b>City/State/Zip:</b>	<b>Type of Work:</b>
<b>Contact Number:</b>	<b>DNR Contact Person:</b>

For DNR Region Use Only	
Activity #	
Activity Type	
# of People	
Unskilled	
Skilled	
Total	
Match Type	

\*\*\*\*Minors must complete the *Minor Volunteer Registration Agreement form*.

**Agreement** As a registered volunteer for DNR, I agree to:

- Volunteer my services to the Department of Natural Resources (DNR). These services are by my own free choice and I understand I will receive no wages for the work performed.
- Abide by DNR volunteer job description, perform my duties according to DNR standards and expectations, learn any hazards or risks, and practice safety requirements. I will not accept any work assignment I feel I am not qualified for or not prepared for.
- Take responsibility for the safe use, maintenance, repair of, or replacement of lost tools, equipment, and safety equipment.
- Adhere to standards set for DNR employees regarding ethics, safety, nondiscrimination, confidentiality, respect for persons, work quality and to abide by the laws of the State of Washington.
- Assume all risks related to my assignment. I waive all claims for personal injuries or damages to property against the state of Washington, DNR, and hold its officers and employees harmless from all claims and liabilities of whatsoever nature arising out of my participation in any, and all, aspects of DNR's program.
- By initialing \_\_\_\_\_ I, hereby authorize and consent to the use of my visual image by the State of Washington for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications, and websites. I give this consent with no claim for payment.

Month \_\_\_\_\_ Year \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

DNR Supervisor/Contact Person Signature: \_\_\_\_\_

Date: \_\_\_\_\_