



Volunteer Group Registration Agreement/Time Record

Group Name:

Date(s) of Service:

print group name	street address	home phone	cellular phone
print group leader name	city state zip	work phone	e-mail
work site name: location: type of work:	DNR supervisor name: Nick Cronquist title/division/region/unit: Volunteer Coordinator	work phone: 360.577.2025	cellular phone: e-mail: nick.cronquist@wdnr.wa.gov

Purpose The purpose of this registration is to enroll the persons named below as volunteer for the Washington State Department of Natural Resources (DNR). As a volunteer they will enhance the Department's ability to carry out its responsibilities and achieve it's mission and goals in the public interest.

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 the DNR volunteer job descriptions, 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.

Group	Volunteer Signature	Print Name	Address	City/ State/Zip	Telephone	Hours including driving time

Please continue on reverse

