



# Volunteer Registration and Agreement

Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State

Zip Code

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

Medical History (allergies and/or medical conditions) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Day Phone #

Evening Phone #

As a registered volunteer for Washington State Department of Fish and Wildlife (WDFW) I agree to:

- volunteer my services to WDFW by my own free choice. I understand that I will receive no wages for the work performed.
- perform only volunteer duties that are assigned to me, according to WDFW policies, procedures.
- complete and submit volunteer time records to my WDFW Volunteer Supervisor each month.
- adhere to all WDFW standards regarding ethics, safety, nondiscrimination, confidentiality and respect for others, as well as abide by the laws and regulations of the State of Washington.
- complete any required training and adhere to all safety requirements. I will not accept any work assignment for which I feel I am not prepared.
- take responsibility for the safe use, maintenance and repair of any tools and safety equipment.
- assume all risks related to my assignment. I waive all claims for personal injuries or damages to property against the state of Washington and WDFW, 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 WDFW's volunteer program.

\_\_\_\_\_  
*Signature of Volunteer –or- Parent/Guardian for volunteers under age 18*

\_\_\_\_\_  
*month/day/year*

\_\_\_\_\_  
*Signature of WDFW supervisor*

\_\_\_\_\_  
*print WDFW supervisor name*

\_\_\_\_\_  
*Program/Region/Division*

\_\_\_\_\_  
*month/day/year*

Please send completed forms to **ATTN: Volunteer Program Manager mailstop 43139**

Depending on the nature of the volunteer activity that you will be participating in you may be asked to provide some, or all, of the information requested below. Your WDFW Volunteer Supervisor will let you know if you need to complete any of the sections below.

### DRIVING

Volunteers who will be assigned to operate state vehicles or privately owned vehicles as part of their volunteer duties you will be asked to:

- present a driver's license valid under Washington State law when requested by your WDFW Volunteer Supervisor.
- provide a "complete record" of your Abstract of Driving Record (ADR) , when requested by your WDFW Volunteer Supervisor, which can be obtained from the Washington State Department of Licensing.
- tell your WDFW volunteer supervisor whether you do or do not have at least two years of driving experience.

### FIRST AID

Do you have a valid first aid card? If so, please indicate the provider, expiration date and type of training:

provider: \_\_\_\_\_ exp. date: \_\_\_\_\_

first aid

CPR

first aid and CPR

### PRIOR HISTORY

Have you ever received a citation for violating state or federal wildlife laws?  YES  NO

Have you ever been charged with a misdemeanor or felony?  YES  NO

*If you answered yes to either question please provide a written explanation with your application materials.*

### BACKGROUND CHECK AUTHORIZATION

*Please read the statement below, sign indicating that WDFW has your permission to conduct a background check on you and provide the additional information requested.*

I authorize the WDFW to perform a background check on me as part of this volunteer registration process.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth