

Individual Volunteer Registration Agreement/Time Record

| Name (Print): | | | | | Email: | | | | | | | | | For DNR Region Only | | |
|---|---------------|-------------------------------|--------------|---------------|--------------------------|-----------------------------|----------------|---------------|--------------------------------|--------------|---------------|--------------|--------------|---------------------|-----------------|--|
| Mailing Address: | | | | | Work Site/Location Name: | | | | | | | | | Activi | ty# | |
| | | | | | | | | | | | | | | Activi | ty Type | |
| City/State/Zip: | | | | Type of Work: | | | | | | | | | # of P | eople | | |
| | | | | | | | | | | | | | | Unski | lled | |
| Contact Number: | | | | | DNR Contact Person: | | | | | | | | | Skille | i | |
| | | | | | | | | | | | | | | Total | | |
| ****Minors must complete the Minor Volunteer Re | | | | | | egistration Agreement form. | | | | | | | | Match | Туре | |
| reement | As a r | egistered vo | olunteer for | DNR, I ag | gree to: | | | | | | | | | | | |
| Volu | nteer my se | rvices to the | Department | of Natural F | Resources (E | NR). These | services are | by my own | free choice a | nd I underst | and I will r | eceive no w | ages for the | e work perfo | rmed. | |
| | | olunteer job I I am not qu | | | | rding to DN | R standards | and expecta | tions, learn a | ny hazards o | or risks, and | practice sa | fety require | ements. I wil | I not accept an | |
| Take | responsibil | ity for the sa | fe use, main | tenance, rep | air of, or rep | lacement of | lost tools, ed | quipment, ar | nd safety equi | ipment. | | | | | | |
| Adhe | ere to standa | rds set for D | NR employe | es regarding | g ethics, safe | ety, nondiscr | rimination, co | onfidentialit | y, respect for | persons, wo | ork quality a | and to abide | by the law | s of the Stat | e of Washingto | |
| | | | | | | | | | epartment of sume all risks | | | | | nployees, an | d agents for de | |
| By in | nitialing | | y authorize | and consent | to the use of | f my visual i | mage by the | State of Wa | | | - | · | | d to: still pho | otography, vid | |
| Month | | | Y | ear | | | | | | | | | | | | |
| 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 S | Signature: | | | | | | | | | Date: | | | | | | |
| | | | | | | | | | | Dete | | | | | | |
| JNK Sube | rvisor/Con | tact Person | Signature: | | | | | | | Date: | | | | | | |