



# Volunteer Application & Service Agreement

Name (Last, First, Middle) \_\_\_\_\_

Mailing Address: Street/ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you over the age of 18? \_\_\_\_\_ If not, your parent or guardian must sign below.\*

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Email: \_\_\_\_\_

Please specify any physical limitations that may influence your volunteer work: \_\_\_\_\_

## Agreement by Volunteer

I offer and agree to volunteer my services without compensation in wages to assist the Idaho Department of Fish and Game (IDFG) in accordance with the following understandings:

- Although this volunteer service will not confer on me the status of a State employee while acting within the scope of this Agreement, I will be deemed to be as if I were a State employee for purposes of the following:
  - \_\_\_ State Tort Claims Act, which protects a State employee from liability for injury or damage to others while the employee is acting within the scope of his or her duties, and:
  - \_\_\_ State Workers' Compensation Act, which authorizes compensation for work-related injury.
- I am at least 18 years old (or if I am less than 18, my parent or guardian consents to this Agreement by signature below).
- I understand that volunteer projects will frequently be out of doors and that I will need to be in a physical condition adequate for normal outdoor physical activities. I will notify the Volunteer Coordinator of any significant change in my ability to do outdoor work. If special skills are required for a project, I will be trained therein before being assigned to that project.
- If I or my minor daughter/son drives my personal vehicle to and from a volunteer project, I certify that the vehicle is properly insured as required by Idaho state law.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Person to Notify in an Emergency \_\_\_\_\_ Relationship to Volunteer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Special Skills: \_\_\_\_\_

Comments: \_\_\_\_\_

### ***If volunteer is under 18:***

\* Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_ Relationship to Volunteer \_\_\_\_\_