

Group Volunteer Registration Agreement/Time Record



WASHINGTON STATE DEPT OF
**NATURAL
RESOURCES**

Group Name (Print):	Date of Service:
Group Leader Name (Print):	Work Site/Location Name:
Mailing Address:	Type of Work:
City/State/Zip:	DNR Contact Person:
Contact Number:	
Email:	

For Non-DNR Grant M (Breakup)			Only	
Group Hours	DNR Hours	Total	Activity #	
			Activity Type	
			# of People	
			Unskilled	
			Skilled	
			Total	
			Match Type	

<input type="checkbox"/> A group safety briefing was conducted prior to the start of work.	Group Leader Initials (_____)
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****Minors must also complete the Minor Volunteer Registration Agreement Form along with this 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 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, and respect for persons, work quality and to abide by the laws of the State of Washington.
- I **RELEASE and WAIVE** any and all claims and causes of action against the State of Washington, Department of Natural Resources (DNR) and its officials, employees, and agents for death, injury, or property damage that may arise during my volunteer activities with DNR including exposure to coronavirus disease 19 (Covid 19). Furthermore, I assume all risks related to my volunteer work assignment.
- 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.

Group	Print Name	Volunteer Signature	Email Address	City/Zip	Telephone	Hours

Please continue on reverse

