Volunteer Group Registration, Agreement and Time Record

Group Name _____ Date of Service _____

Group Leader Name _____ Group Leader Phone # _____

Group Leader E-mail Address _____ Project Location _____

WDFW Volunteer Supervisor Name	*Phone Number*
Program/Region/Division	*Project Name/Work Type*
WDFW Volunteer Supervisor Signature	*Month/Day/Year*

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 and expectations.
- document my hours of volunteer service on the appropriate form(s) and submit them to my WDFW supervisor.
- 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.

Registration form on page 2.

Volunteer Signature *Please review the volunteer agreement on page 1 before signing. Your signature indicates acceptance of our agreement.* (***Adult signature if under 18***)	Print Volunteer Name	Email or Mailing Address	Phone #	Any medical conditions or allergies? If yes inform WDFW volunteer supervisor.	Number of Hours Volunteered