## UTAH DEPARTMENT OF NATURAL RESOURCES AGREEMENT FOR VOLUNTARY SERVICES

## SECTION ONE

SECTION ONE To be printed or typed by volunteer						
Full Name						
Mailing Address	First	МІ	Last	Last		
Muung Auuress	Mailing Address	City	State	Zip		
	Telephone	ета	il address			
1. I have reviewe description).	ed the description of w	ork to be performed and amoun	at of time required (see at	tached work		
-	of the work that I per pensation for <b>actual</b> e	form under this agreement will xpenses.	be noncompensable; exce	ept for pre-		
3. I understand th party.	3. I understand that either the Department or I may cancel this agreement at any time by notifying the other party.					
4. I give my perm service.						
•	•	nowledge, I am in good physica be physically demanding (see at				
6. I understand that, if I am injured or involved in an accident while providing volunteer services to the Department, Worker's Compensation Fund will only pay the actual and necessary medical expenses I incur in the treatment of an injury, and that this is the only relief I may seek or receive from the Department or State of Utah for such injuries. Other expenses such as lost work time, equipment, clothing, etc., will not be covered by insurance.						
7. I understand a investigation.	7. I understand and agree that I may be subject to a criminal record check or other background investigation.					
I hereby volunteer my services, as described in the work description to assist the Department of Natural Resources in its authorized work.						
Sig	nature of Volunteer		Date			
Approval Signatur	re of Parent/guardian if und	er 18	Date			

Revised: 1/2017

## **SECTION TWO**

## To be completed by the Department of Natural Resources

While this agreement is in effect, the Department of Natural Resources agrees to:

- 1. Accept you as a State volunteer and recognize your rights under UCA 79-2-401 and 67-20-3.
- 2. Authorize you to work as a volunteer according to the attached Work Description.
- 3. Reimburse your pre-approved actual volunteer related expenses; to the extent funds are available.
- 4. When applicable, authorize you to ride in, or operate a State motor vehicle. (A copy of valid Utah driver's license shall be attached to the Work Description form if the volunteer will be authorized to drive a vehicle while performing volunteer services.)

As the supervisor, I understand that should an injury occur to an individual while in a volunteer status, a "First Report of Injury" form must be completed and submitted to the Human Resource Office.

	Hunter Education Coordinator or Assigned	d Rep
Supervisor Signature		Date
Sta	801-538-4727	
Print name and location of work site (Division/Office/Park/Facility)		Telephone
I grant authorization to utilize the service		lescription.
For myself and as the authorized represent		
Director, Human	n Resources	Date

VOLUNTEER WORK DESCRIPTION					
Job Title: Hunter Education Program Instruct	ctor				
Work Location: Statewide					
Description of work to be completed Describe duties and physical demands—use reverse side of form if necessary To recruit, register, train, test and qualify hunter education program students. Also to issue certification to those who complete the training, to maintain, and forward copies of records to the Utah Division of Wildlife Resources. If volunteer will be operating a state vehicle, a copy of a valid Utah Driver's License must be attached.					
Time Required					
Hours per day (if appropriate): Days	of the week (if appropr	riate):			
Total time commitment (hours, days, weeks, or months):	As R	equired			
<ul> <li>I have reviewed the description of the work to be performed associated with that work.</li> <li>Learner to compute the specified duties and work the specified duties are specified duties.</li> </ul>		re of the physical demands			
• I agree to carry out the specified duties and work th	e time identified to the	best of my abilities:			
I agree to carry out the specified duties and work th     Volunteer Signature	e time identified to the	best of my abilities: Date			
	e time identified to the	-			
Volunteer Signature	e time identified to the	-			
Volunteer Signature         Emergency Contact (Print)         Name:		Date			
Volunteer Signature         Emergency Contact (Print)         Name:	e time identified to the	-			
Volunteer Signature         Volunteer Signature         Emergency Contact (Print)         Name:	City	Date       State     Zip			
Volunteer Signature         Volunteer Signature         Emergency Contact (Print)         Name:	City	Date			
Volunteer Signature         Volunteer Signature         Emergency Contact (Print)         Name:	City	Date State Zip			
Volunteer Signature         Volunteer Signature         Emergency Contact (Print)         Name:	City W assigned representa	Date Date State Zip Vork			
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