



Department of Wildlife Resources
Volunteer Group Application and Agreement

Group Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Contact Person \_\_\_\_\_

FIRST MI LAST

Home Phone \_\_\_\_\_ Cell/Business \_\_\_\_\_

Email Address \_\_\_\_\_

ALTERNATE CONTACTS: Please list at least one other person who can serve as group contact.

Name Phone Email

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Group Size \_\_\_\_\_ Group Age Range \_\_\_\_\_

CONSENT FOR MINORS: (To be completed if your volunteers are under 18 years of age) Our organization has obtained permission from parents/guardians of minors to participate in this group volunteer project. I understand that outdoor activities have potential risks and assume responsibility for minors in our group.

Signature of Group Representative \_\_\_\_\_ Date \_\_\_\_\_

VOLUNTEER INTERESTS (Please check all that apply)

- Trout Stocking
Programs and Presentations
Equipment and Property (repair and maintenance)
Skilled Labor (please specify)
Unskilled Labor
Resource Management (trails, boundary marking/clearing, clean ups, grounds keeping, etc.)
Special Event Manpower
Other (explain)

VOLUNTEER AVAILABILITY (Please check all that apply.)

- Summer Fall Winter Spring
Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Morning Afternoon Evening Special Events/Projects

## **VISUAL IMAGE RELEASE**

While volunteering our services for the Department of Wildlife Resources (DWR), we hereby consent to the use of visual images taken of the group members for official department use and promotions, and for other publicity purposes. We need not inspect or approve of the finished product of any copy using our image.

**Signature of Group Representative** \_\_\_\_\_ **Date** \_\_\_\_\_

## **AGREEMENT:**

1. We agree to volunteer our time and talents to assist the Department of Wildlife Resources (DWR) in carrying out its mission
2. We understand that we will not receive any monetary compensation and that we are not eligible for the benefits offered to state employees.
3. We understand that our volunteer services to DWR will be considered as legitimate job experience when applying for a related classified position.
4. We understand that while on duty and performing functions authorized and approved by DWR, we are covered for accident insurance and liability insurance, within the limits and guidelines of the State's Division of Risk Management. This coverage is secondary to the individual's or group's private insurance.
5. We understand that with proper notification, either our group or DWR may cancel this agreement at any time.
6. We understand that, as Group Volunteers, we do not qualify for DWR Individual Volunteer benefits plan. Individual members of our group may complete a Volunteer Application and become involved in individual regular service or occasional service benefits, and thus accrue benefits.
7. We agree to:
  - a. Complete the duties that we agree and are assigned to do to the best of our ability.
  - b. Arrive on time and notify staff when we are unable to work the scheduled time.
  - c. Be courteous and respectful to the public, volunteers and staff.
  - d. Abide by the laws of the State, and DWR and CWF policies, rules and regulations
8. DWR agrees to:
  - a. Provide necessary training, as needed, to complete assignments.
  - b. Provide a safe working environment.

I hereby certify that all entries on this application are true and complete and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any rights as a volunteer in the service of the Department of Wildlife Resources.

By signing below, I acknowledge that I have read and agree to abide by the above statements.

\_\_\_\_\_  
**Signature of Group Representative**

\_\_\_\_\_  
**Date**

**The DWR employee who will serve as agency liaison for this project/activity, must sign below.**

**A signature is required in order to approve this project/activity.**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Return form to: [volunteers@dwr.virginia.gov](mailto:volunteers@dwr.virginia.gov)

Rev. 3.23.21