



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) _____ (Cell) _____
 Email _____
 Please specify any physical conditions or 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 the 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 _____

Parent or Guardian phone number: _____

Media Release

The Idaho Department of Fish and Game periodically uses photographs or video and audio footage of volunteers involved in activities or projects for local, regional or state publicity or for educational purposes. By my signature/ agreement, I acknowledge my understanding of the use of such publicity or educational material and give permission to the Idaho Department of Fish and Game to use such reproductions for educational and publicity purposes. Refusal to provide permission will not impact your participation in the Idaho Department of Fish and Game Volunteer Program.

Signature, Volunteer _____ Date _____

Signature, Parent or Guardian of Minor Volunteer* _____ Date _____

*By signing/agreeing parents and/or guardians give permission for the Idaho Department of Fish and Game to use photographs and/or video and audio recording of their minor child (ren) participating in volunteer activities or projects for publicity or educational purposes. Refusal to provide permission will not impact your child's participation in the Idaho Department of Fish and Game Volunteer Program.



Idaho Department of Fish & Game Volunteer Service Record

Name: _____ Phone: _____

Signature: _____ E-mail: _____

Date of Service	Work Performed	Hours
Please use the back of this page if needed.		