



**State of California –The Resources Agency
CALIFORNIA STATE PARKS**

VOLUNTEER SERVICE AGREEMENT

Name: (First, Middle initial, Last)	Home Phone No.	Alternate Phone No.
Home address:	City/State/Zip Code:	
Check One:		
<input type="checkbox"/> I am 18 years of age or older	<input type="checkbox"/> I am under 18 years of age (attached parents signature)	
<input type="checkbox"/> I know of no health limitations which may restrict my performance of assigned duties.	<input type="checkbox"/> I do know of health limitations which may restrict my performance of assigned duties.	

SERVICE AGREEMENT

I agree to comply with all Department policies, regulations, directives and instructions, and to conduct myself in a professional manner, consistent with the same standards as established for Department employees.

Further, I understand that I will not be compensated for any work performed as a State Park Volunteer, other than for reimbursement of necessary and allowable expenses when authorized in my duty statement and in accordance with Board of Control Rules [reimbursement requires that I complete and Oath of Allegiance (STD. 689)].

Further, I understand that when performing authorized volunteer work that I will be covered under Workers Compensation for injuries, and may be covered for tort liability claims at the discretion of the Department.

Finally, I understand that this agreement remains in effect only so long as is mutually agreeable to both the Department and me, and that either I or the Department of Parks and Recreation may cancel this agreement at any time, with or without cause, and with or without advance notice.

VOLUNTEER ASSIGNED TO (District/Division)

Work Location

I hereby volunteer my services as a State Park Volunteer for the job duties attached.

VOLUNTEER SIGNATURE

DEPARTMENT REPRESENTATIVE

DATE

I hereby volunteer my services as a State Park Volunteer for the job duties attached.

PARENT OR GUAURDIAN OF VOLUNTEER SIGNATURE

DEPARTMENT REPRESENTATIVE

DATE

YOU ARE NOW A VIP – A VALUED MEMBER OF THE VOLUNTEER IN PARKS PROGRAM. WELCOME TO THE TEAM!

EMERGENCY NOTIFICATION

IN CASE OF ACCIDENT, SERIOUS ILLNESS, OR EMERGENCY, I WOULD LIKE TO HAVE THE FOLLWING PERSON NOTIFIED

FIRST

NAME	RELATIONSHIP	HOME PHONE NO.	BUSINESS PHONE NO.
STREET ADDRESS		CITY, STATE, ZIP CODE	

SECOND

NAME	RELATIONSHIP	HOME PHONE NO.	BUSINESS PHONE NO.
STREET ADDRESS		CITY, STATE, ZIP CODE	