



VOLUNTEER GROUP APPLICATION AND AGREEMENT

NAME OF GROUP _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT PERSON _____

HOME PHONE _____ FIRST MI LAST
CELL/BUSINESS _____

EMAIL ADDRESS _____

ALTERNATE CONTACTS: Please list 2 other people who can serve as group contacts.

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
- Waterway Marker Inspections
- 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.)
- Research Assistance
- Special Event Manpower
- Other (explain) _____

VOLUNTEER AVAILABILITY (Please check all that apply.)

- Summer Fall Winter Spring
- Sat. Sun. Mon. Tues. Wed. Thurs. Fri.
- Morning Afternoon Evening Special Events/Projects

PLEASE CONTINUE FORM ON BACK

VISUAL IMAGE RELEASE

While volunteering our services for the VDGIF Complementary Work Force, 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 Virginia Department of Game and Inland Fisheries (VDGIF) 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 VDGIF will be considered as legitimate job experience when applying for a related classified state position.
- (4.) We understand that while on duty, and performing functions authorized by VDGIF, we are covered for accident insurance and liability insurance, within the limits and guidelines of the State's Division of Risk Management. In some instances this is secondary to the individual's or group's private insurance.
- (5.) We understand that with proper notification either our group or VDGIF may cancel this agreement at any time.
- (6.) We understand that as Group Volunteers we do not qualify for VDGIF/CWF Individual Volunteer benefits plan, and that the Region Coordinator may grant us special benefits depending on our project and total volunteer hours. Individual members of our group may complete a Volunteer Application and become involved as Individual Regular Service or Occasional Service Volunteers, and thus accrue benefits.
- (7.) We agree to:
 - Complete the duties that we agree and are assigned to do to the best of our ability.
 - Arrive on time and notify staff when we are unable to work the shift or hours we had planned.
 - Be courteous and respectful to the public, volunteers, and staff.
 - Abide by the laws of the State, and VDGIF and CWF policies, rules and regulations.
- (8.) VDGIF and the CWF Program agree to:
 - Provide necessary training to do our assignments.
 - 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 Virginia Department of Game and Inland Fisheries.

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

Signature of Group Representative

DATE

INSTRUCTIONS:

Return completed form to:

Susan Alger, State Volunteer Coordinator
VDGIF Complementary Work Force Program
P.O. Box 481
Herndon, VA 20172

For further information, contact Susan Alger at (703) 481-2102 or by email at Susan.Alger@dgif.virginia.gov