



Virginia Department of Game and Inland Fisheries
COMPLEMENTARY WORK FORCE
Mission Forward: Mission Minded

VOLUNTEER GROUP APPLICATION AND AGREEMENT

Name of Group _____

Mailing Address _____

City _____ State _____ Zip _____

Contact Person _____

Home Phone _____ Cell/Business _____
FIRST MI LAST

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, groundskeeping, etc.)
- Research Assistance
- 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 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 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. This coverage 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. 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 VDGIF and CWF policies, rules and regulations
8. VDGIF and the CWF Program agree 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 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

A VDGIF staff person must agree to serve as the liaison for this activity/project. By signing below, you approve this group activity/project.

Name: _____

Division: _____

Email: _____

Phone: _____

Return form to: Estella Randolph via email estella.randolph@dgif.virginia.gov or fax at (804) 367-0262