DEPARTMENT OF NATURAL RESOURCES
AGREEMENT FOR VOLUNTARY SERVICES

SECTION ONE
(TO BE COMPLETED BY VOLUNTEER)

NAME (Print or Type) _____

CONTACT ADDRESS _____
Street number

_____
City *State* *Zip* *Telephone*

1. I have reviewed the description of work to be performed and amount of time required (see attached Work Description).

2. I agree that all of the work that I perform under this agreement will be noncompensable; except for pre-approved compensation for **actual** expenses.

3. I understand that either the Department or I may cancel this agreement at any time by notifying the other party.

4. I give my permission for free use of my name, voice and picture in any media coverage of my volunteer service.

5. I hereby declare, to the best of my knowledge, I am in good physical health. I also understand the activities I will be performing may be physically demanding (see attached Work Description).

6. I understand that, if I am injured or involved in an accident while providing volunteer services to the Department, Worker's Compensation Fund will only pay the actual and necessary medical expenses I incur in the treatment of an injury. Other expenses such as lost work time, equipment, clothing, etc., will not be covered by insurance.

7. I understand I may be subject to a criminal record check or other background investigation.

I hereby volunteer my services, as described in the Work Description, to assist the Department of Natural Resources in its authorized work.

_____ _____
Signature of Volunteer ***Date***

_____ _____
Approval Signature of Parent/guardian if under 18 ***Date***

SECTION TWO

(To be completed by the Department of Natural Resources)

While this agreement is in effect, the Department of Natural Resources agrees to:

1. Accept you as a State volunteer and recognize your rights under UCA 63-34 (9) (10) (11) (12).
2. Authorize you to work as a volunteer according to the attached Work Description.
3. Reimburse your pre-approved actual volunteer related expenses; to the extent funds are available.
4. When applicable, authorize you to ride in, or operate a State motor vehicle. (A copy of valid Utah driver's license shall be attached to the Work Description form if the volunteer will be authorized to drive a vehicle while performing volunteer services.)

As the supervisor, I understand that should an injury occur to an individual while in a volunteer status, a "First Report of Injury" form must be completed and submitted to the Human Resource Office.

_____	Regional Supervisor	_____
Supervisor Signature	*Title*	*Date*

Big Hollow Shooting Range (Wasatch County) *5501*

_____ _____

Print name and location of work site (Division/Office/Park/Facility) *Low Org*

I grant authorization to utilize the services of the volunteer as noted in the work description.

_____ _____

DNR Executive (or designee) Signature *Date*

For myself and as the authorized representative of the agency chief executive.

_____ _____

Director, Human Resources *Date*

VOLUNTEER WORK DESCRIPTION

JOB TITLE: _____RANGE SAFETY OFFICER_____

WORK LOCATION: __BIG HOLLOW SHOOTING RANGE (WASATCH COUNTY)_____

DESCRIPTION OF WORK TO BE COMPLETED (Describe duties and physical demands—use reverse side of form if necessary)

Responsible for the safe operation of the rifle and pistol ranges. Monitor shooters for safe operation, ensure safety rules are followed, and protect range assets from unsupervised shooting by being on the firing line in a supervisory role. Assist shooters with questions and implement existing shooting procedures on the ranges to ensure order and control of the firing line. Complete RSO training program and update certification annually.

If volunteer will be operating a state vehicle, a copy of a valid Utah Driver's License must be attached. NA

TIME REQUIRED

Hours per day (if appropriate): _____ Days of the week (if appropriate): _____

Total time commitment (hours, days, weeks, or months): ____**Four hours per month** (minimum requirement)

OTHER INFORMATION (Use reverse side of form if necessary):

VOLUNTEER

- I have reviewed the description of the work to be performed and I am aware of the physical demands associated with that work.
- I agree to carry out the specified duties and work the time identified to the best of my abilities:

_____ _____

Volunteer Signature Date

Emergency Contact (Print)

Name: _____

Address: _____

Street Number City State Zip

Phone Number Home: _____ Work: _____

SUPERVISOR:

Name and Title: __Katie Copple_____

_____CRO Volunteer Service Coordinator_____

Work Address: _1115 North Main St, Springville, Utah 84663_____

Work Telephone Number: __(801) 491-5657_____ Work Fax Number: (801) 491-5646_____

_____ _____

Supervisor Signature Date

TRAINING (Use reverse side of form if necessary):

Required Subject: *Sexual Harassment Date Provided: _____

Required Subject: *Driving Video/Workbook (if applicable) Date Provided: _____

Other: _____ Date Provided: _____

*Attach work book answer sheets