



# Individual Volunteer Application

Application Information			
Name Last, First, Middle Initial		Date of Birth	
Phone Number	<input type="checkbox"/> Landline <input type="checkbox"/> Mobile	E-Mail	Last 4 of SSN*
<i>*Please note all Volunteer Applications are kept in a locked and secure area.</i>			
Primary Mailing Address			
Street Address / P.O. Box			
City		State	Zip Code
General Information			
Do you have any work limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			
Have you previously volunteered with Washington State Parks? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when, and where?			
What type of volunteer opportunities are you interested in? ( <i>Volunteer opportunities will vary based on the needs of individual parks</i> )			
<input type="checkbox"/> Debris/litter cleanup	<input type="checkbox"/> Invasive weed removal	<input type="checkbox"/> Interpretive assistance	
<input type="checkbox"/> Trail maintenance	<input type="checkbox"/> Habitat restoration	<input type="checkbox"/> Store operations	
<input type="checkbox"/> General maintenance	<input type="checkbox"/> Gardening/landscaping	<input type="checkbox"/> Other:	
Will you be volunteering as part of a State Parks Friends Group: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate which Friends Group:			
Are you related to a State Parks staff member or volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide their name and relationship:			
How did you learn about the Volunteer Program?			
<input type="checkbox"/> State Parks website	<input type="checkbox"/> Facebook/social media	<input type="checkbox"/> Another volunteer	<input type="checkbox"/> Park <input type="checkbox"/> Other:
Park Preference & Availability			
Which park(s) are you applying for?			
Have you already been in contact with park staff? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, who?			
When are you available to start volunteering?			
How often do you anticipate volunteering (e.g., weekly, monthly)?			
Emergency Contact Information			
In the event of an emergency, who should be notified?			
Name	Relationship	Phone Number	<input type="checkbox"/> Landline <input type="checkbox"/> Mobile

**Individual Volunteer Service Agreement - Terms and Conditions**

**Assumption of Risk:** I fully understand and appreciate the dangers, hazards, and risks inherent in participating in outdoor activities, which could result in serious physical injury up to death, property damage and other loss. I understand that participating in such activity may subject me to dangerous conditions, including but not limited to, sun exposure and hot weather conditions, inclement weather, rain, and that I may sustain injuries, including but not limited to, heat stroke, sunburn, minor cuts, dehydration, and hypothermia. I further understand there are foreseeable and unforeseeable risks inherent in participating in volunteer activities, including but not limited to the conduct of other volunteers and third parties, and natural conditions such as the terrain and wildlife. I voluntarily assume any risks and hazards associated with this activity.

**Conduct:** For my safety and the safety of others, I agree to follow all park rules and regulations, and standards of conduct imposed by Washington State Parks and Recreation Commission (State Parks), as well as the instructions and directions of State Parks employees and agents at all times, including but not limited to any instructions or directions regarding safety procedures and use of personal protective equipment (e.g., gloves and face coverings). I understand and agree that State Parks employees and agents may at any time terminate my participation in a volunteer activity should I engage in conduct that violates standards of conduct, disrupts the activity, or harms or injures the welfare of other volunteers and third parties. I further agree to immediately report all unsafe acts, dangerous conditions, and injuries to the State Parks employees and agents in charge.

**Accident Reporting:** Any injury or illness incurred, or exposure to a potential liability situation while in the performance of volunteer duties shall be reported to park staff to complete the necessary paperwork.

**Workers' Compensation Insurance:** Volunteers are covered under Washington workers' compensation, subject to the provisions of RCW 51.12.035. Volunteer coverage is limited to the payment of necessary medical treatment for an injury or occupational disease occurring as a result of authorized volunteer duties. RCW 51.12.035 does not provide for disability benefits such as time loss compensation or compensation for partial or permanent disability.

**Timesheets:** To be eligible for the volunteer workers' compensation coverage described above, volunteers must complete and submit an Individual Volunteer Timesheet (Form A-168) at the end of every month, or at the end of their volunteer service, whichever comes first. This form must include the volunteer's full name and total hours served. Timesheets are to be submitted to park staff.

**Equipment:** State Parks provides equipment necessary to complete volunteer duties. If I use equipment owned by State Parks, I accept full responsibility for risk, loss, theft, or damage of the equipment and agree to return it in the same condition it was provided. I further understand that State Parks is not liable for any injuries, damage, or third-party damage including property and injuries resulting from use of personal equipment.

**Waiver and Release:** I agree to RELEASE, INDEMNIFY, DEFEND, AND HOLD HARMLESS State Parks and its employees and agents from any and all claims I or any other person might bring as a result of physical injury, including death, and/or property damage sustained from or relating to my participation in volunteer activities, INCLUDING CLAIMS BASED ON NEGLIGENCE. I further agree to INDEMNIFY AND DEFEND State Parks and its employees and agents for any and all claims, including subrogation and/or derivative claims, brought by any third party or insurer, for injury or damage that I may cause related to participation in volunteer activities. I have carefully read the foregoing Liability Release and warnings, understand their contents, and am aware that I am releasing certain rights that I may otherwise have. I agree this is a RELEASE OF LIABILITY AND AGREEMENT NOT TO SUE. I freely and voluntarily enter into this agreement.

**Termination:** State Parks accepts the service of volunteers with the understanding that such service is at the discretion of the agency. State Parks may, at any time for any reason, decide to terminate a volunteer's service and there is no grievance or appeal process for this decision.

**Background Check:** Per RCW 79A.05.030(10), the Washington State Parks and Recreation Commission requires a criminal background check for volunteers who may have unsupervised access to children or vulnerable adults; or with persons who will be responsible for collecting or disbursing agency cash or processing credit/debit card transactions.

**Applicant Acknowledgement & Signature:**

As a volunteer applicant, I acknowledge the following:

1. I have read the Individual Volunteer Service agreement terms and conditions.
2. The information I have provided is true and accurate.
3. I offer my services of my own free choice and acknowledge that I am engaging in this activity as a volunteer, at my own request. I understand that volunteers are not considered employees of the State of Washington and acknowledge that I will not receive any wages for my services.
4. I acknowledge that some volunteer positions require applicants to pass a criminal background check and that I must consent to a State and Federal background check using fingerprints in order to be considered for those positions.
5. I HAVE CAREFULLY READ THE RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS, AND ASSUMPTION OF RISK AND FULLY UNDERSTAND ITS CONTENTS, AND ARE AWARE THAT I AM RELEASING CERTAIN RIGHTS THAT I MAY OTHERWISE HAVE.

Applicant Signature	Date
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**PARENT/GUARDIAN (IF APPLICANT IS UNDER 18):** I HAVE READ THIS RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS, AND ASSUMPTION OF RISK AND FULLY UNDERSTAND ITS CONTENTS.

Parent/Guardian Signature	Date
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