

DEPARTMENT OF FISH AND GAME VOLUNTEER SERVICE AGREEMENT



NAME (First, MI, Last)	SSN (Optional)
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HOME ADDRESS	PHONE NUMBER
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I am 18 or over	I am under 18 (Parental Permission Form required)
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I know of no health limitations which may restrict my performance of assigned duties.	I do know of a health limitation which may restrict my performance of assigned duties. (STD 610 HQ required)
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I will comply with all policies, rules, regulations, directives, and instructions. I understand that I am a non-paid employee of the State Department of Fish and Game when working on an approved schedule, and will receive worker's compensation insurance coverage. I will conduct myself in accordance with those standards set forth for regular department employees. I understand and agree to the following policies and conditions:

Any training provided by the department is to assist the volunteer in performing functions and duties which are of benefit to the community and/or to the volunteer;

The volunteer will not replace any regular department employee;

The volunteer may be reimbursed for necessary allowable expenses for subsistence and travel in connection with approved volunteer services. Such reimbursement shall be in accordance with Board of Control Rules; and

If the volunteer operates a private motor vehicle as a part of their volunteer activities, they must file a certification of insurance coverage and mechanical safety of the automobile.

NOTE: OATH OF ALLEGIANCE (STD. 689) REVERSE SIDE

VOLUNTEER'S SIGNATURE	DATE
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VOLUNTEER CORDINATOR'S SIGNATURE	DATE
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EMPLOYER SECTION USE ONLY

REGION/DIVISION	SECTION	LOCATION
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VOLUNTEER WILL WORK FROM (Effective Date)	THROUGH	(Expiration Date)
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DUTIES (Attach job description)

INDICATE IF DUTIES WILL INCLUDE ANY OF THE FOLLOWING:

Travel	Handling of money	Driving a State Vehicle	Driving a Personal Vehicle
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(IF PART OF DUTIES, VEHICLE AUTHORIZATION STD. 261 REQUIRED)

DRIVER'S LICENSE NUMBER:	EXPIRATION DATE:
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VOLUNTEER SERVICE AGREEMENT EXTENSION		
Date/Year	Volunteer's Signature	Supervisor's Signature

RESIGNATION VERIFICATION

I officially resign as a DFG Volunteer

VOLUNTEER'S SIGNATURE	DATE	VOLUNTEER COORDINATOR	DATE
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