



# Volunteer Service Agreement

Department of Natural Resources  
Division of Parks and Outdoor Recreation



Dear Applicant: This agreement constitutes your commitment as a Volunteer-In-Parks. Please review the following information, making any corrections as necessary. When you have completed the form, please sign and promptly return it. Receipt of this agreement by this office will confirm your interest in this position. A signed copy of this agreement will be returned to you.

<b>Volunteer Name (Last, First, MI):</b>	<b>Driver License/State:</b>	<b>Date of Birth:</b>
<b>Address:</b>	<b>City:</b>	<b>State/Zip Code:</b>
<b>Email Address</b>	<b>Telephone:</b>	<b>Cell Phone:</b>

**Emergency Contact Information (In case of problems which may develop during your service period, please list a person you would like contacted)**

<b>Name:</b>	<b>Relationship:</b>	<b>Telephone:</b>
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**VOLUNTEER POSITION DATA**

<b>Positions Title:</b>	<b>Location:</b>	<b>Date of Service</b>	
		<b>From:</b>	<b>To:</b>

**Work Schedule:**  Less than 30 hours/week     30 or More hours/week

**Schedule Details:**

*Note: Volunteers must request any changes in their assigned work schedule from the supervisor prior to making any adjustments*

**Description of Duties:**

Please fill in Clothing Size for Uniforms	
Sizes	Unisex
Jacket	
T-Shirt	
Sweatshirt	

The Division of Parks will provide orientation and training for the duties, tools, and equipment assigned to you to perform the above tasks. Proper safety procedures will be practiced without exception. The Division will also provide suitable supervision and assistance to you in the interest of providing an effective public service and to enhance your job satisfaction. Alaska State Parks reimbursement for necessary incidental expenses, to the extent funds are available, will be provided as follows:

- a. Subsistence                      No  Yes     Amount up to per day: \$ \_\_\_\_\_    Not to exceed: \$ \_\_\_\_\_ (per month)
  - b. Transportation Allowance    No  Yes     State Rate of : \_\_\_\_\_    Remarks: \_\_\_\_\_
- Check if you wish to waive the subsistence payment

Subsistence Payments: Please mail my Subsistence Payments to the following address:

- Volunteers are representative of State Parks and perceived as State employees by the public. It is important that Volunteers adhere to all policies regarding the Code of Conduct and vehicle operations. These policies will be included in the orientation packet upon arrival.
- In the event of an injury while performing assigned duties, your medical expenses, in excess of existing personal medical insurance, will be covered as outlined in the Volunteer Service Agreement (copy attached) from the State of Alaska Division of Risk Management.

**AGREEMENT**

I hereby volunteer my service as described above to assist Alaska State Parks in its authorized work.

I have read and understand the above job duties and I agree to work within the scope of those tasks which may be assigned to me by my supervisor.

I understand that as a party to this agreement that I or Alaska State Parks may cancel this agreement at any time by notifying the other party.

<b>Volunteer Signature:</b>	<b>Date:</b>
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<b>Supervisor Printed Name</b>	<b>Supervisor Signature</b>	<b>Date:</b>
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<b>Volunteers under the age of 18 must have this form signed by a parent or legal guardian</b> I affirm that I am the ___ parent or the ___ legal guardian of the above-named minor.	<b>Date:</b>
_____ Printed name of parent or legal guardian	_____ Signature of parent or legal guardian

**THE STATE OF ALASKA  
DEPARTMENT OF ADMINISTRATION**



Division of Risk Management  
P.O. Box 110218  
Juneau, AK 99811-0218  
Phone: (907) 465-2180  
Website: *doa.alaska.gov/drm*

**VOLUNTEER SERVICE AGREEMENT**

This Agreement is entered between the State of Alaska, Department of \_\_\_\_\_ (State),  
Division of \_\_\_\_\_ and \_\_\_\_\_ (Volunteer).

WHEREAS, the Volunteer desires to participate as an unpaid worker, alongside but not displacing State employees, as follows:

1. Volunteer Contact Information			
Last Name, First Name, Initial:		Phone (10-digit with area code)	Email Address:
Mailing address:	City:	State:	Zip Code:
Emergency Contact Information			
Last Name, First Name, Initial:		Phone (10-digit with area code)	Email Address:
Mailing address:	City:	State:	Zip Code:
<b>***If the Volunteer is a minor under the age of 18, provide the Volunteer's Age at time of service:</b>			
Please ensure the scheduled days/times of volunteer service as well as types of duties are included in the description of duties above. In addition, a parent/guardian must agree with terms of this agreement and indicate agreement by signing below before the agreement can be approved by the State of Alaska, Division of Risk Management.			

2. Program Description & Dates of Volunteer Service		Start Date:	End Date:
Program Name:	Division:	Facility:	
Location:	City:	State:	Zip Code:
Description of Duties Volunteer will be performing:			

3. Transportation:			
Will Volunteer be traveling in a <u>State-Owned vehicle</u> ?		Yes	No
If YES, indicate mode with "P" for Passenger or "O" for Operate:			
Vehicle:	Plane:	Boat:	ATV:

**WHEREAS, the State desires to allow the Volunteer to participate in said Program,  
NOW, THEREFORE, the parties agree as follows:**

The Volunteer agrees to participate without compensation for his/her duties in the Program under the direct supervision of State employee \_\_\_\_\_ (Program Supervisor).

- For the duration of the Volunteer's participation in the Program, the State agrees to provide to the Volunteer medical coverage and disability compensation, in amounts comparable to that afforded employees under the Alaska Workers' Compensation Act (AWCA), if the Volunteer suffers injury, illness or death that arises out of, and occurs while acting within the course and scope of performance of his/her volunteer duties. It is agreed that weekly compensation for disability or death will be based on the minimum rate of compensation under AS 23.30.175. It is agreed that compensation or medical coverage will not be provided when the volunteer may be eligible for coverage by any other health or disability policy, insurance, payment or benefit, (including Medicaid, Medicare, Social Security, or pension) or Workers' Compensation coverage by another employer. Disputes regarding payment of compensation and medical benefits under this agreement are agreed to be decided by the Alaska Workers' Compensation Board without stipulating to the Board's jurisdiction. The State is not subject to AWCA penalty, interest, SIF, or other payment regarding the Volunteer.
- The State agrees to defend, indemnify, and hold harmless the Volunteer in the same manner and to the same extent the State protects its employees from any claim, demand, suit for property damages or personal injury including death allegedly caused by the Volunteer's duties if the Volunteer: a) at the time of the occurrence was acting in good faith within the course and scope of his/her volunteer duties in accordance with the directions of the Supervisor; b) the Volunteer provides immediate notice to the State of any claim; and c) the Volunteer cooperates in the defense and does not stipulate to any judgment or settlement without the State's approval.
- The Volunteer understands the State does not insure loss or physical damage to its employee's personal vehicle, equipment, or other personal property used while performing state work; nor will the State provide property insurance coverage for loss or physical damage to any Volunteer's personal vehicle, equipment, or other personal property used while performing his/her volunteer duties.
- In consideration of the benefits received from participation in the Program and the protection offered by this Agreement, the Volunteer: 1) accepts the remedy provided by the State, and dispute resolution by the Alaska Workers' Compensation Board, as his/her sole legal remedy from the State if the Volunteer suffers injury, illness or death arising out of, and occurring while acting within the course and scope of, his/her volunteer duties; 2) transfers his/her right to recover from others who may be responsible for the injury, illness, or death to the State and/or its assigns upon payment of compensation or medical expenses by the State; and 3) agrees to cooperate and to do everything necessary to enable the State and/or its assigns to enforce the right to recover from others.

**IMPORTANT NOTICE: This Agreement is in effect once it is signed by the person designated below as the Program Director and approved by a State of Alaska, Division of Risk Management staff member.**

<b>The Volunteer acknowledges he/she has read this Agreement, understands it, and agrees to be bound by its terms.</b>	
<b>Volunteer Signature:</b>	<b>Date:</b>
<b>Home/Cell Phone No. (10-digit with area code)</b>	
<b>*** Signature of Parent/Guardian if under 18:</b>	<b>Date:</b>
<b>Parent/Guardian Home/Cell Phone No. (10-digit with area code)</b>	
<b>Program Supervisor Signature:</b>	<b>Date:</b>
<b>Title:</b>	<b>Phone No. (10-digit with area code)</b>
<b>Program Director Signature:</b>	<b>Date:</b>
<b>Title:</b>	<b>Phone No. (10-digit with area code)</b>

Distribution: Division of Risk Management – Email Copy (retains copy); Department/Program – Copy; Volunteer – Copy