

MISSOURI DEPARTMENT OF NATURAL RESOURCES DIVISION OF STATE PARKS VOLUNTEER WORK AGREEMENT AND REGISTRATION

| VOLUNTEER LAST NAME | | T | FIRST NAME | | MIDDLE INITIAL | |
|---|--|-----------------------|----------------------------|----------------------|----------------------------|--|
| | | | | | | |
| MAILING ADDDES | | CITY | | OTATE | 710 0005 | |
| MAILING ADDRESS | | CITY | | STATE | ZIP CODE | |
| | | | | | | |
| DATE OF BIRTH | | E-MAIL ADDRESS | | TELEPHONE NUMB | ER | |
| | | | | | | |
| FACILITY/PROGRAM | | | | GENDER | | |
| | | | | ☐ Male ☐ Female | | |
| STARTING DATE ENDING DATE | | | | VOLUNTEER TYPE | | |
| | | | | | | |
| PERFORMANO | CE GUIDELINES | | | | | |
| | | | | | | |
| The volunteer is expected to: • follow department and division rules and policies The division is expected to • management and staff | | | | | voluntoor. | |
| follow department and division rules and policies support the mission of the department and division written rules and polici | | | | | | |
| work with other division staff in a cooperative manner training for the job duties a | | | | | | |
| report any problems or issues to division staff on a timely basis recognition of volunteer contributions, time and service | | | | | | |
| inform division staff of their schedule a receptive work environment | | | | | | |
| materials and equipment needed to | | | | | y out job duties. | |
| TASKS AND ACTIVITIES | | | | | | |
| | | ASSIGNMENTS | | | TIME FRAME | |
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| BENEFITS | | | | | | |
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| ☐ Yes ☐ No | Is Worker's Compensation cov | erage provided for yo | ou by another agency/emplo | yer for this volunte | eer activity? If yes, name | |
| of agency/employer: | | | | | | |
| I certify that participating in the above volunteer activities is of my own free will, and I do not expect future compensation or favor for being a | | | | | | |
| volunteer. I give my permission for the Missouri Department of Natural Resources to obtain any and all background information authorized | | | | | | |
| by law, including but not limited to criminal records, and to process this record review using my social security number. (Background checks | | | | | | |
| are not conducted for volunteers under the age of 17.) | | | | | | |
| SIGNATURE OF VOLUNTEER | | | | | DATE | |
| | | | | | | |
| SIGNATURE OF SUPE | ERVISOR | | | | DATE | |
| | | | | | - | |
| SIGNATURE OF AUT | SIGNATURE OF AUTHORIZED GUARDIAN (IF VOLUNTEER IS UNDER THE AGE OF 18 YEARS) DATE | | | | | |
| SIGNATURE OF AUTHORIZED GUARDIAN (IF VOLUNTEER IS UNDER THE AGE OF 18 YEARS) | | | | | DATE | |
| | | | | | | |