

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

VOLUNTEER LAST NAME		FIRST NAME		MIDDLE INITIAL
MAILING ADDRESS	CITY		STATE	ZIP CODE
DATE OF BIRTH	E-MAIL ADDRESS		TELEPHONE NUMBER	
FACILITY/PROGRAM		GENDER	□ Famala	
STARTING DATE	ENDING DATE		Male VOLUNTEER TYPE	Female
PERFORMANCE GUIDELINES				
The volunteer is expected to:		<ul> <li>written rules and polic</li> <li>training for the job dut</li> <li>recognition of volunte</li> <li>a receptive work envir</li> </ul>	I staff to work with the volunteer policies dealing with the volunteer program o duties assigned the volunteer unteer contributions, time and service	
TASKS AND ACTIVITIES			<u> </u>	
BENEFITS	ASSIGNMENTS			TIME FRAME
Yes No Is Worker's Compensation coverage provided for you by another agency/employer for this volunteer 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. (Background checks are not conducted for volunteers under the age of 17.)				
SIGNATURE OF VOLUNTEER				DATE
SIGNATURE OF SUPERVISOR				DATE
SIGNATURE OF AUTHORIZED GUARDIAN (IF VOLUNTEER IS UNDER THE AGE OF 18 YEARS)				DATE