



**COURT APPOINTED/COMMUNITY SERVICE VOLUNTEER WORK AGREEMENT**

**I. VOLUNTEER INFORMATION (PLEASE PRINT)**

LAST NAME		FIRST NAME		MIDDLE NAME/INITIAL	
FORMER NAMES AND/OR ALIASES USED					
RACE		DATE OF BIRTH	GENDER	PHONE NUMBER	
STREET ADDRESS			CITY	STATE	ZIP CODE
AGENCY/ORGANIZATION REQUIRING SERVICE		AGENCY CONTACT NAME		AGENCY CONTACT PHONE NUMBER	
CASE NUMBER - IF APPLICABLE		STARTING DATE	ENDING DATE		TOTAL NUMBER OF HOURS TO SERVE
PARK/HISTORIC SITE				ACTUAL HOURS WORKED (COMPLETE AT END OF SERVICE)	

**II. PERFORMANCE GUIDELINES**

<p>The <b>volunteer</b> is expected to:          follow department and division rules and policies, support the mission of the department and division, work with other division staff in a cooperative manner, report any problems or issues to division staff on a timely basis, only carry out authorized responsibilities and exercise proper care in performing all volunteer activities.</p>	<p>The <b>division</b> is expected to provide:          management and staff to work with the volunteer, necessary training for the responsibilities assigned the volunteer, and, a receptive work environment.</p>
--	---

**III. TASKS AND ACTIVITIES**

DESCRIPTION OF ASSIGNMENT

**IV. BACKGROUND CHECK - Volunteer cannot begin service until a background check has been completed and is on file.**

<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been convicted, pled guilty or nolo contendere, and/or received a suspended imposition of sentence/suspended execution of sentence in any federal, state, or municipal court for a criminal offense? (Please include any alcohol or drug-related driving offenses or any other offense you have been convicted of)
	IF YES, PLEASE EXPLAIN: (CHARGE, DATE, JURISDICTION AND STATE)
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever received probation or community supervision for any federal, state, or municipal offense?
	IF YES, PLEASE EXPLAIN: (CHARGE, DATE, JURISDICTION AND STATE)
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?
	IF YES, PLEASE EXPLAIN: (CHARGE, DATE, JURISDICTION AND STATE)
<input type="checkbox"/> YES <input type="checkbox"/> NO	As of this date, do you have any pending criminal charges against you?
	IF YES, PLEASE EXPLAIN: (CHARGE, DATE, JURISDICTION AND STATE)

**IV. AGREEMENT**

I hereby swear or affirm that I am the applicant for record review listed above and that the information provided in this application is true and accurate to the best of my knowledge. I give my permission for the Missouri Department of Natural Resources (DNR) 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. I further authorize DNR to investigate, collect, maintain and use for work-related reasons any information disclosed through this release.

By my signature, I affirm and recognize that in the event I have furnished false information or have failed to furnish required information for a criminal record review on this application, I will be removed from consideration as a volunteer.

A conviction of a violation of the law does not constitute an automatic bar to volunteering. Each case is considered on an individual basis. Falsification of the application will, however, result in disqualification or dismissal from volunteering.

By signature below, I acknowledge that I have read this form completely and agree to voluntarily accept the risks connected with these activities. I further agree to release and hold harmless the Missouri Department of Natural Resources and its employees from any and all liability, including injury or expect future compensation or favor for being a volunteer. This agreement in no way constitutes an offer of employment, therefore, I understand that the Missouri Department of Natural Resources, Division of State Parks does not provide worker's compensation.

SIGNATURE OF VOLUNTEER	DATE
SIGNATURE OF STATE PARK/SITE EMPLOYEE	DATE
SIGNATURE OF AUTHORIZED GUARDIAN (IF UNDER THE AGE OF 18)	DATE