



STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF STATE PARKS
TEMPORARY VOLUNTEER WORK AGREEMENT

P.O. BOX 176
JEFFERSON CITY, MO 65102

I. VOLUNTEER INFORMATION (PLEASE PRINT)

VOLUNTEER NAME		EMAIL ADDRESS		DATE OF BIRTH	
MAILING ADDRESS		CITY		STATE	ZIP CODE
TELEPHONE NUMBER			PARK/SITE		
STARTING DATE		ENDING DATE		TOTAL HOURS WORKED	

II. PERFORMANCE GUIDELINES

The **volunteer** 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.

The **division** 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.

III. TASKS AND ACTIVITIES

DESCRIPTION OF ASSIGNMENT

IV. AGREEMENT

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