

PLEASE READ THE REVERSE SIDE OF THIS DOCUMENT AND THE VOLUNTEER CODE OF CONDUCT CERTIFICATION FORM BEFORE SIGNING.

FORM A

A. ASSIGNED DUTIES

Are limited to only those duties assigned by your ODFW supervisor or as listed in your volunteer job description.

Performing winter steelhead spawning ground surveys on Gales Creek. The surveys will be performed on foot walking both on the stream bank and in the stream itself. The stream terrain could be rocky, muddy, and slippery with unstable footing. The surveys will likely require passing through private property and interacting with landowners.

Yes No Will drive a state vehicle as part of duties. If yes, coverage is provided under the state auto insurance coverage. Volunteer must be 18 years or older, possess a current drivers license and have a volunteer application and 3 or 5 year driving record on file.

B. I HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND THE CONDITIONS OF VOLUNTEER SERVICE. I HAVE ALSO READ THE VOLUNTEER CODE OF CONDUCT AND UNDERSTAND HOW IT APPLIES TO MY VOLUNTEER ACTIVITIES FOR ODFW.

Volunteer Name (type or print clearly) _____

Volunteer Signature _____ Date _____

Parent or Legal Guardian Signature _____ Date _____
(Required if volunteer is under age 18. Also see section C below.)

Address _____ City _____

State _____ Zip _____ Email _____ Birthdate _____

Day Phone () _____ Evening Phone () _____

In case of emergency, please notify _____

Address _____ City _____ State _____ Zip _____

Day Phone () _____ Evening Phone () _____

C. FOR MINORS ONLY: EMERGENCY MEDICAL RELEASE

PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT
READ CAREFULLY

I, _____, as parent or legal guardian, hereby grant permission for _____ to do volunteer field work for the Oregon Department of Fish and Wildlife. In the event of an emergency, accident, or illness, I authorize the agency and its employees to administer emergency medical care to my child and/or, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment. **My signature below hereby represents that I have read, understand, and consent to this agreement.**

Signature: _____ Date _____
(Legal guardian signature required if participating person is under age 18 years)

D. AGENCY SUPERVISOR SECTION: Supervisor: You must fill out this section and the assigned duties section.

Agency Supervisor: Jeff Fulop

Telephone: (503) 657-2000 x256

Station/Location: Clackamas

Date: 3/18/2006

- Region/District Volunteer Host volunteer Student (any age) NOT receiving academic credit
- Club or Organization Volunteer (without coverage from group)
- Unpaid college student receiving academic credit