Rat Island Information for Washington Department of Fish and Wildlife Volunteers

To register as a volunteer for the Rat Island volunteer project, you will need to create a volunteer profile on the Washington Department of Fish and Wildlife volunteer webpage. Then use this CERVIS private registration code link https://cerv.is/0052gPBBPcr to join the Rat Island Docent volunteer opportunity.

If needed, the WDFW volunteer webpage has brief tutorials on how to register a volunteer in CERVIS and how to log volunteer service hours in CERVIS.

Paper registration forms and service hour logs are available on the following pages of this document, if using CERVIS to register and log hours is not possible. Paper documents should be sent to Katie at katie.laushman@dfw.wa.gov for her signature and submission to the WDFW volunteer coordinator.

All volunteers are required to review the orientation for new volunteers. Those present at the training in April received a brief review of the orientation, but it is suggested to review it again if you have any questions. The orientation can be viewed on the WDFW volunteer webpage.

Project questions should be directed to Katie Laushman. Questions about the volunteer program registration or logging service hours should be directed to the statewide volunteer coordinator at volunteerDFW@dfw.wa.gov.

Volunteer Registration and Agreement

Name _____ E-mail Address _____

Street Address _____

Mailing Address _____

City, State Zip Code

Phone (day) _____ Phone (evening) _____

Medical History (allergies and/or medical conditions) _____

_____

_____

Emergency Contact Name _____

Phone _____

Day Phone # Evening Phone #

As a registered volunteer for Washington State Department of Fish and Wildlife (WDFW) I agree to:

- volunteer my services to WDFW by my own free choice. I understand that I will receive no wages for the work performed.
- perform only volunteer duties that are assigned to me, according to WDFW policies and procedures.
- complete and submit volunteer time records to my WDFW Volunteer Supervisor each month.
- adhere to all WDFW standards regarding ethics, safety, nondiscrimination, confidentiality and respect for others, as well as abide by the laws and regulations of the State of Washington.
- complete any required training and adhere to all safety requirements. I will not accept any work assignment for which I feel I am not prepared.
- take responsibility for the safe use, maintenance and repair of any tools and safety equipment.
- assume all risks related to my assignment. I waive all claims for personal injuries or damages to property against the state of Washington and WDFW, and hold its officers and employees harmless from all claims and liabilities of whatsoever nature arising out of my participation in any, and all, aspects of WDFW's volunteer program.

_____ _____

Signature of Volunteer –or- Parent/Guardian for volunteers under age 18 *month/day/year*

_____ _____

Signature of WDFW supervisor *print WDFW supervisor name*

_____ _____

Program/Region/Division *month/day/year*

Please send completed forms to ATTN: Volunteer Program Manager mailstop 43139

Rev.3/2018

Depending on the nature of the volunteer activity that you will be participating in you may be asked to provide some, or all, of the information requested below. ***Your WDFW volunteer supervisor will let you know if you need to complete any of the sections below.***

DRIVING

Volunteers who will be assigned to operate state vehicles or privately owned vehicles as part of their volunteer duties you will be asked to:

- present a driver's license valid under Washington State law when requested by your WDFW Volunteer Supervisor.
- provide a "complete record" of your Abstract of Driving Record (ADR) , when requested by your WDFW Volunteer Supervisor, which can be obtained from the Washington State Department of Licensing.
- tell your WDFW volunteer supervisor whether you do or do not have at least two years of driving experience.

FIRST AID

Do you have a valid first aid card? If so, please indicate the provider, expiration date and type of training:

provider: _____ exp. date: _____

☐ **first aid** ☐ **CPR** ☐ **first aid and CPR**

PRIOR HISTORY

Have you ever received a citation for violating state or federal wildlife laws? ☐ YES ☐ NO

Have you ever been charged with a misdemeanor or felony? ☐ YES ☐ NO

If you answered yes to either question please provide a written explanation with your application materials.

Volunteer Time Record

Volunteer Name _____ Phone Number _____

Address _____

Email Address _____ Project Location _____

Work Type _____

Please write in the month, year and number of hours you served for each day of the month that you volunteered.

Month _____ Year _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	**TOTAL**

I certify that the information above is true and accurate to the best of my knowledge.

_____ _____

Volunteer Signature *Month/Day/Year*

_____ _____

WDFW Volunteer Supervisor Print Name *WDFW Volunteer Supervisor Phone Number*

_____ _____

WDFW Volunteer Supervisor Signature *Month/Day/Year*

REV. 1/2014 *Please send completed forms to **ATTN: Volunteer Program Manager** at mail stop **43139**.*