

**Office of the Lieutenant Governor
Louisiana Department of Culture, Recreation & Tourism
Individual Volunteer Registration and Waiver**

Printed Name of Volunteer: _____

Organization (if any): _____

Address: _____

Place of Employment: _____ (If employed by the State of La., specify the agency.)

Date of birth: _____ Minor? Yes ___ No ___

If yes, name of parent/guardian: _____

In order that we may contact you about the volunteer service (e.g., scheduling, location changes):

Email address: _____ Cell number(s): _____

Emergency Contact(s):

Name: _____ Relation: _____ Contact #(s): _____

List any Special Skills or Certifications: _____

List any limitations so that the Agency may prepare and modify the training and assignments accordingly:

Have you ever been convicted of a felony? Yes ___ No ___

Have you ever been convicted of a sex crime? Yes ___ No ___

If yes to either, please explain (e.g., offense, date, ongoing restrictions, parole):

As a volunteer for the Agency, I hereby agree to abide by all policies, procedures, rules, regulations, and instructions in the conduct of my activity. I will serve at the discretion of the staff member under whose supervision I am assigned. I will serve without pay or benefits. I agree to attend orientation and/or training prior to service. I understand that any falsification of the above information or failure to comply with the policies, procedures, rules, regulations or instructions may result in my termination as a volunteer. I also understand that my services may be terminated at any time for no reason. I understand that there are common risks, hazards, and dangers associated with volunteer services, including foreseeable and unforeseeable risks such as injuries resulting from use of the equipment and supplies, other volunteers, weather conditions, insects, trips, falls, and other dangers inherent in such activities. I will not participate in the activities unless I am able to do so (e.g., physically, legally, properly trained). I hereby assume and accept all risks. I agree to hold harmless, release, defend and indemnify the Agency from any and all claims and liability, including attorneys' fees, other than those resulting from the Agency's negligence. I agree that the Agency is not responsible for transportation to the work site and that I cannot drive Agency vehicles. I grant permission to the Agency to use my name or likeness in any media in perpetuity for public purposes consistent with the Agency's mission.

X _____
Signature of Volunteer (if 18 or older) Date

X _____
Signature of Parent/Guardian Date

Description of Services

To be completed by the Agency's Volunteer Services Coordinator. If the volunteer is a member of a registered group, the PPM #22 Form A – Group Registration Form may be used.

Description of Services to be performed:

Duration and frequency, including date(s) and hour(s):

Location(s):

Describe training to be provided, if any, and/or other agency resources that will be available to volunteer:

Completed by:

Date:

Evaluation of Services

To be completed by the Agency's Volunteer Services Coordinator

In the event of a short-term volunteer engagement, this Evaluation shall be completed at the end of the engagement. In the event of a long-term volunteer engagement, this Evaluation shall be completed annually. If the volunteer is a member of a registered group, a single evaluation of the group services may be used.

Completed by:

Date: