CALIFORNIA
DEPARTMENT OF FISH AND GAME

HAZMAT TRAINED ? HAZCOM TRAINED ?

VOLUNTEER SERVICE AGREEMENT

NAME (*First, MI, Last)*	SS# *(Optional)*
HOME ADDRESS:	Telephone Number ( ) Cellular Number Email Address ( )

_____ I am 18 or over _____ I am under 18

_____ I **do not know** of a health limitation which may restrict my performance of assigned duties

OR

_____ I **do know** of a health limitation which may restrict my performance of assigned duties

EMERGENCY Name:

NOTIFICATION Telephone Number:

I will comply with all policies, rules, regulations, directives and instructions. I understand that I am a non-paid employee of the State Department of Fish and Game when working on an approved schedule, and will receive worker's compensation insurance coverage. I will conduct myself in accordance with those standards set forth for regular department employees. I understand and agree to the following policies and conditions:

Any training provided by the Department is to assist the volunteer in performing functions and duties which are of benefit to the community and/or to the volunteer;

The volunteer will not replace any regular department employee;

The volunteer may be reimbursed for necessary allowable expenses for subsistence and travel in connection with approved volunteer services. Such Reimbursement shall be in accordance with Board of Control Rules; and

If the volunteer operates a private motor vehicle as a part of their volunteer activities, they must file a Certification of Insurance coverage and Mechanical Safety of the automobile.

NOTE: OATH OF ALLEGIANCE (STD 689) REVERSE SIDE

VOLUNTEER'S SIGNATURE: DATE:

VOLUNTEER COORDINATOR'S SIGNATURE: DATE:

EMPLOYER SECTION USE ONLY

REGION/DIVISION	SECTION	LOCATION

VOLUNTEER WILL WORK FROM *(Effective Date)* THROUGH *(Expiration Date)*

Duties: *(Attach job description)*

INDICATE IF DUTIES WILL INCLUDE ANY OF THE FOLLOWING:

__ Travel __ Handling of Money __ Driving a State Vehicle __ Driving a Personal Vehicle

(IF PART OF DUTIES, VEHICLE AUTHORIZATION STD 261 REQUIRED)

DRIVERS LICENSE NUMBER EXPIRATION DATE

VOLUNTEER SERVICE AGREEMENT EXTENSION

Date/Year	Volunteer's Signature	Supervisor's Signature

RESIGNATION VERIFICATION

_____ I officially resign as a DFG Volunteer

Volunteer's Signature Date Volunteer Coordinator Signature Date

FG-402 (5/2002)