FORM A

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

| A. ASSIGNED DUTIES Are limited to only those d | luties assigned by you | ur ODFW su | pervisor or as | listed in your vo | olunteer job desci | ription. | |
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| | | | | | | | |
| Yes No Will drive a coverage. Volunteer must or 5 year driving record or B. I HAVE READ AND UNTEER ACTIVITY | In file. JNDERSTAND THE A | possess a d | current drivers | license and ha | ve a volunteer ap | plication and 3 R SERVICE. I | |
| Volunteer Name (type or p | orint clearly) | | | | | | |
| Volunteer Signature | | | | Date | | | |
| Parent or Legal Guardian Signature | | | | Date | | | |
| (Parent or g | uardian signature requ | uired if volur | nteer is under a | age 18. Also se | ee section C belo | w.) | |
| Address | | City | | State | Zip | | |
| Email | | <u> </u> | | Birthdate | | | |
| Day Phone | | | ing Phone | | | | |
| In case of emergency, p | lease notify | <u> </u> | - | | | | |
| Address | | City | | State | Zip | | |
| Day Phone | | Even | ing Phone | | | | |
| C. FOR MINORS ONLY: | | | | D CAREFULLY | • | IENT | |
| l, | | _, as parent | or legal guardi | an, hereby grar | nt permission for | | |
| event of an emergency medical care to my ch which I will be respons consent to this agree | y, accident, or illness, ild and/or, if deemed i sible for payment. My | l authorize necessary, t | the agency and o secure emer | d its employees gency medical | services and incu | nergency Ir expenses for | |
| Signature of Parent or Legal Guardian: | | | | | Date | | |
| D. AGENCY SUPERVISO | OR SECTION: Super | rvisor: You | must fill out t | his section an | d the assigned o | duties section. | |
| Agency Supervisor | | | | Phone | | | |
| Station/Location | | | Date | | | | |
| Region/District Voluntee Student (any age) NOT | | | ŭ | | (w/out coverage ving Academic C | • • • • | |