GROUP VOLUNTEER APPLICATION

NAME OF GROUP ___________________________ Group Size _____ Group Age Range _______

Mailing Address __________________________________________ Apt. # ____________________

City __________________________________________ State _______ Zip ________________

CONTACT PERSON
Last Name ______________________________   First _________________________   MI _______

Home Phone (_______) __________________  Cell/Business Phone (_______) __________ _________

Email Address _______________________________________

Alternate Contacts: List 2 people other than yourself who can serve as group contacts

Name    Phone    Email
(1) _______________________________    _____________________   _________________________
(2) _______________________________    _____________________   _________________________

VOLUNTEER INTERESTS  (Check all that apply.)
___ Visitor Services (visitor center, host, greeter)  ___ Administration/Office
___ Maintenance (buildings, grounds)  ___ Interpretation - Environmental
___ Resource Management (trails, cleanups, water quality)  ___ Interpretation - Historic/Cultural
___ Skilled Labor (explain skill) ________________  ___ Special Events
___ Other (explain) ________________

VOLUNTEER AVAILABILITY  (Check all that apply.)
Summer ______ Fall ______ Winter ______ Spring ______
Sat ______ Sun ______ Mon ______ Tue ______ Wed ______ Thur ______ Fri ______
Morning ______ Afternoon ______ Evening ______ Special events/Projects ______

CONSENT FOR MINORS: (To be completed if volunteers are under age of 18)
Our organization has obtained permission from parents/guardians of minors to participate in this group volunteer project. I understand that outdoor activities have potential risks and assume responsibility for minors in our group.

Signature of Group Representative __________________________ Date _________________

VISUAL IMAGE RELEASE
While volunteering our services at Virginia State Parks, we hereby consent to the use of visual images taken of group members for the purpose of advertising, promoting, offering the benefits of or teaching about the facilities and services of Virginia State Parks. We need not inspect or approve the finished product of any copy using our image.

Signature of Group Representative __________________________ Date _________________

PLEASE CONTINUE ON BACK

(DCR199-051) (08/06)
AGREEMENT:
(1) We agree to volunteer our time and talents to assist Virginia State Parks (VSP) in carrying out its mission to conserve Virginia’s natural and recreational resources.
(2) We understand that we will not receive any monetary compensation and that we are not eligible for the benefits offered to state employees. We understand that our volunteer services to VSP will be considered as legitimate job experience when applying for a related classified state position.
(3) We understand that while on duty, we are covered by secondary medical insurance provided by VSP.
(4) We understand that with proper notification either our group or VSP may cancel this agreement at any time.
(5) We understand as Group Volunteers we do not qualify for the parks regular individual volunteer benefits plan, and that the Park Manager may grant us special benefits depending on our project and total volunteer hours. Individual members of our group may complete a Volunteer Application and become involved as individual volunteers of the park.
(6) We agree to:
   • Complete the duties that we are assigned to the best of our ability.
   • Arrive on time and notify staff when we are unable to work the shift or hours we had planned.
   • Be courteous and respectful to the public, volunteers, and staff.
   • Abide by all park policies, rules, and regulations.
   • Share our ideas for improving the program area in which we work, but understand that not all ideas can be implemented.
(7) DCR agrees to:
   • Treat us with respect and courtesy.
   • Provide necessary training to do our assignments.
   • Provide a safe working environment.

I hereby certify that all entries on this application are true and complete and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any rights as a volunteer in the service of Virginia State Parks.

By signing below, I acknowledge that I have read and agree to abide by the above statements.

Signature of Group Representative ____________________________________  Date _________________

Group Volunteer Project Agreement (Give copy of agreement to group representative.)

Work Date(s) _________________________________ ________ Time __________
Location to Meet Staff Supervisor ________________________________ _______________________________ __________
Total # of Volunteers ________   # of Adults _________     # of Youth (under 18) ________
Description of Project   ______________________________ _____________________________ _______
____________________________________________________________________________________
____________________________________________________________________________________
Special Instructions for Group (tools or equipment they will provide or appropriate clothing for job)
____________________________________________________________________________________
Group Representative        Park Volunteer Supervisor or Coordinator
___________________________________     ______________________________________
Print Name      Print Name
______________________________ _____    ______________________________________
Signature      Signature
____________________________________________________
Date _____________________ __________   Date _____________________ ________

(DCR199-051) (08/06)