

**AGREEMENT FOR INDIVIDUAL VOLUNTARY SERVICE
KENTUCKY DEPARTMENT OF PARKS**

JOB TITLE Cave Restoration Volunteer

NAME OF PARK _____

DATES OF SERVICE: FROM February 1, 2008 **TO** June 30, 2008

NAME _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

PHONE: HOME () _____ **WORK** () _____ **CELL** () _____

VALID DRIVERS LICENSE, state & no. _____
(If position requires you to drive a state vehicle)

DATE OF BIRTH _____ **SSN** _____

NAME/PHONE NUMBER of person to call in an emergency _____

MEDICAL CONDITIONS of which we should be aware _____

1. Description of work has been presented and described to the applicant. This agreement is in effect during the specified dates of service listed above and must be renewed annually.
2. All of the described work will be noncompensable. Except as otherwise provided I understand this service will not confer on me the status of a state employee.
3. I understand that either the Department of Parks or I may cancel this agreement at any time by notifying the other party.
4. I understand and agree to follow the established dress code for the Department of Parks.
5. I have been offered insurance coverage through the Office of Volunteer Services. I (circle one) Accept/Decline such coverage. I understand that it is my responsibility to submit payment for insurance coverage directly to the Office of Volunteer Services.
6. I understand that if I am under 18 years of age, I will need the signature of my parent or legal guardian.
7. I absolve and release the Kentucky Department of Parks, its agents, officers, and employees from all liability from injury, loss or damage sustained by me during the course of such activity.
8. I understand that the Department of Parks may perform a background check using the information I have provided, and failure to complete the form in its entirety may prohibit me from participating in the Department of Parks Volunteer Program.

I HEREBY AGREE TO ALL THE PROVISIONS LISTED ABOVE:

SIGNATURE OF VOLUNTEER

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

John Jordan

SIGNATURE OF MANAGER

1-31-08

DATE

COPY TO VOLUNTEER, COPY FOR YOUR FILES, SEND ORIGINAL TO: DIVISION OF RECREATION AND INTERPRETATION

