



APPLICATION TO BECOME A CONSERVATION VOLUNTEER

Additional information is available on the DCNR web site at <http://www.dcnr.state.pa.us/cons/> or at any state park/forest office. When complete, please return this form to the nearest DCNR office or mail it to: DCNR Conservation Volunteer, PO Box 8767, Harrisburg, PA 17105-8767. **Thank you for your interest in volunteering with DCNR!**

STEP 1 – Complete items 1 and 2.

A. Please select one from the list below:

I would like to volunteer as an Individual (*skip STEP 2 only*):

First name, MI, & Last name: _____ Nickname: _____

Address/City/State/Zip: _____

Phone: _____ Best time to call: _____ Email address: _____

My family would like to volunteer (*please complete STEP 2*):

Number of Family Members: _____ Contact: _____

Address/City/State/Zip: _____

Phone: _____ Best time to call: _____ Email address: _____

My Organization would like to volunteer (*please complete STEP 2*):

Organization's name: _____ Contact: _____

Address/City/State/Zip: _____

Phone: _____ Best time to call: _____ Email address: _____

B. Location, areas of interest, availability, and skills/experiences

Volunteer location(s) – check all that apply and list the location name, park or forest name, or county name where you are interested in volunteering:

State Park(s) _____

State Forest (s) _____

Topographic & Geologic Survey _____

Other _____

Interests (*check all that apply*):

Trails/Wildlife Habitat

Maintenance

Campground Host

Snowmobile Safety Training Instructor

ATV Safety Training Instructor

Forest Stewardship Program

Interpretation/Environmental Education

Technical and Engineering

Forest Fire Prevention and Protection

General

Research

Topographic & Geologic Survey

Availability: Spring Summer Fall Winter
(*check all that apply*) Weekends Weekdays

Optional: List any skills, expertise, or experiences that could be pertinent to the volunteer program:

STEP 2 – Complete only if volunteering as a family or a group/organization.

Organization Type: Individual/Family School/College Youth Community
 Service Environmental Business Religious
 Professional Recreational Military
 Other _____

List names of family members or group/organization members who will be participating in the volunteer project. Birthdates and parent/guardian signatures are required for members under the age of 18. Use additional page if additional space is required.

<u>Name (if under 18)</u>	<u>Birthdate (if under 18)</u>	<u>Parent/guardian signature</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STEP 3

Part I. AGREEMENT

1. Project Description/Requirements:

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- The organization will provide DCNR with names of its volunteers.
 - Parental or guardian consent is required for volunteers under 18 years of age.
 - The project will become the property of DCNR.
 - Volunteers are treated as employees of DCNR for purposes of automotive and general liability and workers' compensation coverage.
 - Volunteers with a valid driver's license may be permitted by DCNR to operate a Commonwealth vehicle.
 - If box is checked, the volunteer agrees to perform the job duties listed in the attached document.
 - Either party may cancel this agreement at any time.

Part II. Signatures (for families and organizations, one or more persons may sign on behalf of the group):

Individual(s) (if 18 years or older) **or** parent/guardian (if individual is under 18):

_____ Date: _____
_____ Date: _____

Part III: DCNR Office Use

Conservation Volunteer Coordinator: _____	Date: _____
Start Date: _____	End Date: _____
Comments:	