



MK Nature Center GARDEN Project Volunteer Application 2008

Thank you for volunteering at the MK Nature Center.

Project Date _____, 2008 Project Title _____

Your Name (Please Print) _____

Address _____ City _____ Zip _____

Phone _____ Cell Phone _____ E-mail _____

Emergency Contact _____ Phone _____ Relationship to Volunteer _____

Would you like to be put on our quarterly newsletter mailing list? YES or NO

With which of the following groups you are with? Please circle.

- High School Volunteer Project, School Name _____
- Community Volunteer Service - Hours to Complete _____
- Eagle Scout Award, Expected Completion Date _____ (month/Date/Year)
- Business/Agency Name _____
- Other _____

Please Read and Sign the Following Volunteer Agreement

I offer and agree to volunteer my services without compensation in wages to assist the Idaho Department of Fish and Game in accordance with the following understandings:

- Although this volunteer service will not confer on me the status of a State employee while acting within the scope of this agreement, I will be deemed to be as if I were a State employee for purpose of the:
 - State Tort Claims Act, which protects a State employee from liability for injury or damage to others while the employee is acting within the scope of his or her duties; and injury.
- AND
- State Workers' Compensation Act, which authorizes compensation for work-related injury.
- I am at least 18 years old (if less than 18, my parent or guardian consents to this agreement by signature below)
- I understand that volunteer projects will frequently be out of doors and that I need to be in physical condition adequate for normal physical activity. I will notify the Volunteer Coordinator immediately, in writing, of any significant change in my ability to do outdoor work. If special skills are required for a project, I will be trained before being assigned to that project.

Volunteer Signature _____ Print Name _____
Today's Date Date _____, 2008

Signature of Parent or Guardian (if less than 18 years old) _____
Parent, Guardian or Teacher Name – Please Print _____
Relationship to Volunteer _____ School _____

Questions Contact Cass Meissner , Volunteer Coordinator (208)287-2901
Return to MK Nature Center PO Box 25/600 S. Walnut, Boise, ID 83707