



External Volunteer Support (Modified)

PERSONAL INFORMATION

Name: _____ / _____ / _____ / Ms. _____ Mr. _____
Last First Middle Initial Preferred Salutation

Address: _____ / _____ / _____ / _____
Street City State Zip

Phone: () _____ () _____ _____
Day (for initial contact) Evening Email

Date of Birth: _____ / _____ / _____
Month Day Year

Organization Represented :

Whitewater Canal Trail Inc.
P.O. Box 126
Brookville 47012

Service Being Provided:

Trail Work between Metamora and Brookville

ADDITIONAL INFORMATION:

Emergency Contact: _____ / _____ / _____ / _____
Name Relationship Day Phone Eve. Phone

Would you be interested in additional information on the Indiana State Museum volunteer program: Yes No

REQUIRED RELEASES:

Release

In consideration of the publicity benefits to me and of my involvement by the Department of Natural Resources, the Indiana State Museum and the Historic Sites, its nominees, agents and assigns and anyone publishing under its authority, unlimited permission to use publish and republish reproductions of my likeness and voice, with or without use of my name. I hereby agree to hold the Department of Natural Resources, the Indiana State Museum and the Historic Sites harmless from any liability arising from the use of my likeness, voice, or name in conjunction with this agreement.

X _____ Date: _____
(Volunteer Signature)

X _____ Date: _____
If under 16 years of age parent or guardian and student must sign.

Address of parent or guardian, if volunteer is under 16.

DNR Volunteer Service Agreement

This agreement is entered into between the **Indiana Department of Natural Resources** and _____ to govern volunteer services.
(Printed Name)

The above named agrees as follows: I am a volunteer for the State of Indiana and I am a temporary employee and not for compensation. I understand that I will receive no payments or remuneration for my volunteer work and that I am exempt from the minimum wage and maximum hour working provisions of the Fair Labor Standards Acts. I further understand that if I am injured while working for the State of Indiana as a volunteer, Workman's Compensation will be the sole and exclusive remedy for any such injury. It is mutually agreed that the above named individual will assist and work as a volunteer with the Department of Natural Resources during the period that will begin on or about _____ (fill in date that volunteer service begins).

Signed Name: _____ Date Signed _____

Security Check

For security reasons, all staff members plus those volunteers who will be working within the collection, ticketing, or gift-shop areas must agree to a security check of their background. A Zachary Law check is performed on all volunteers and staff as well. Please enter the following information and sign below to show that you agree to this requirement. Security checks are provided by the Indiana State Police and are held in strictest confidence.

Full Name _____ Sex _____ Date of Birth _____

Social Security Number _____ Race _____

I am aware of the need and give permission to the Indiana State Police for a security review of my records.

Signed: _____ Date _____