



## VOLUNTEER REGISTRATION

Updated Jan 2021

PO Box 2497  
Mount Vernon, WA 98273

**PLEASE PRINT LEGIBLY**

Phone: (360) 336-0172  
Fax: (360) 336-0701  
outreach@skagitfisheries.org  
www.skagitfisheries.org

Name and Mailing Address

Birthdate \_\_\_\_\_

(not a condition for volunteering)

Primary Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

cell / home / work (circle one)

E-Mail

**Volunteer interest? (circle all that apply):**

Admin/Clerical  
Board Directors  
Community Outreach  
Event Planning  
Fundraising  
Knotweed Program  
Native Plant Nursery  
Photo File Organizer  
Research  
School / Education Programs  
Seining / Juvenile Fish Monitoring  
Social Media  
Spawner Surveys  
Tree planting  
Vegetation Monitoring  
Work Parties

**Expertise / special skills (circle all that apply):**

Biology  
Carpentry  
Engineering  
GIS  
Grant Writing  
Graphic Design  
IT Support  
Journalism  
Marketing / Communication  
Nonprofit Management  
Photography / Videography  
Artist  
Website design

**Do you have any medical conditions that may preclude you from doing this activity?**

☐ Yes

☐ No

**If so, please notify your supervisor.**

Have you EVER received a citation for violation of state or federal wildlife laws?

☐ Yes

☐ No

Have you EVER been charged with a misdemeanor or felony?

☐ Yes

☐ No

**If yes to either question, explain in detail on separate attached page. Refer to "Background Investigation" on page 3.**

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

**Name:**

**Phone**

**Relationship:**

## REGISTRATION AND CONDITIONS OF VOLUNTEER SERVICE

*Please read the following carefully and sign to indicate your understanding and agreement.*

### **VOLUNTEER WORKERS**

In consideration of my participation in this Skagit Fisheries Enhancement Group (SFEG) activity (the “Activity”) the undersigned voluntarily and willingly consents to participate in the Activity. The undersigned is fully aware of the fact that there are certain dangers and risks inherent in this activity, including, but not limited to, the risk of physical injury or other harmful consequences that may arise or result directly or indirectly arise from participation in the Activity.

I understand that as a volunteer worker as defined by RCW 51.12.035, I am responsible for registering as a volunteer worker. I agree to complete and submit monthly reports of hours volunteered on forms provided by Skagit Fisheries Enhancement Group (SFEG) to the project manager/supervisor. I agree to abide by the policies, procedures and guidelines set forth by SFEG.

### **VOLUNTEER - NOT AN EMPLOYEE OF SFEG**

I understand that I am not an employee of SFEG. I further understand that I will not hold myself out as, or claim to be an officer or employee of SFEG or take any claim of right, privilege or benefit which would accrue to an employee under Chapter 41.06 RCW, Chapter 28B.16 RCW or any other applicable state law. I do not expect to receive any personal monetary wages for services rendered through volunteer activities.

### **SAFETY AND TRAINING**

Training related to the tasks being performed including sections in SFEG’s Safety Manual pertaining to those tasks is required for all volunteers registered with SFEG. Applicable task and safety training will be provided by my volunteer project supervisor, or SFEG staff. I have checked the appropriate box below to indicate whether or not I have received training as of this date.

☐ I COMPLETED VOLUNTEER TRAINING ON \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ I HAVE NOT YET COMPLETED ANY VOLUNTEER TRAINING

### **MEDICAL / WORKERS COMPENSATION INSURANCE**

I understand that as a volunteer under RCW 51.12.035 that SFEG through the Department of Labor and Industries, provides registered volunteers with worker’s compensation insurance for medical aid for injuries sustained while engaged in volunteer activities. I further understand that this coverage does not apply to disability or injuries caused by pre-existing medical conditions. I also understand that this worker’s compensation insurance may not cover any injuries or loss relating in any way to Novel Coronavirus, or COVID-19.

### **HOLD HARMLESS**

Subject to the provisions of RCW 4.24.670, I agree to hold harmless and waive all claims of liability against SFEG arising out of my performance as a volunteer. I specifically release, discharge and hold harmless SFEG, and its agents, employees, officers, directors, delegates, volunteers, representatives, successors or assigns, (the “SFEG Indemnitees”), and all other persons or entities acting in any capacity on the SFEG Indemnitees’ behalf from all liabilities, claims, demands, causes of action, costs, losses, expenses or compensation of whatever nature for loss, damage or injuries to persons and/or property sustained by me or my heirs, personal representatives, successors and assigns and all other persons resulting from or in any way connected with the Activity, whether the SFEG Indemnitees directly or indirectly caused or contributed to said injury, loss of life or damage to persons or property by their negligent acts, gross negligence or recklessness. The undersigned agree(s) to defend, indemnify and hold harmless the SFEG Indemnitees from all damages, costs and attorney’s fees in defending any action arising in any way from my participation, from the participation of others accompanying me and from the participation of my/our child or children named above in the Activity.

### **LIABILITY INSURANCE**

I understand that as a volunteer, I am covered under SFEG’s Labor and Industries insurance. However, I understand that there is no other medical health coverage provided by SFEG to me during my relationship with SFEG. SFEG is not responsible for any damages or injuries arising outside the scope of its Labor and Industries insurance, including without limitation potential exposure to Novel Coronavirus, or COVID-19.. I also understand that under RCW 4.24.670, I am not personally liable for any harm caused by any act or omission of mine on behalf of SFEG if I was acting within the scope of my volunteer activity as directed by SFEG personnel. I also understand that as a registered and accepted volunteer of SFEG, if any action or proceeding for damages is brought against me while performing activities with my assigned/approved official duties, that I may request defense of said action as provided for in RCW 4.92.060. I further understand that I may be liable if my actions cause harm to another and such actions are determined to be willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of another.

I understand that if I use my private motor vehicle in the course of my volunteer duties, it is my obligation to obtain and maintain state required liability insurance to cover any accidents involving my vehicle. I further understand that it is my responsibility to

obtain and maintain insurance policies for damage, loss or liability on all personally owned, leased or rented equipment, vessels, horses, etc, I use while performing assigned volunteer work.

I further agree that should I be involved in an accident while performing assigned duties as a volunteer, I will report such accident immediately to the SFEG program manager/supervisor of the volunteer activity.

### **NONDISCRIMINATION**

I understand that during my performance as a volunteer for SFEG, I shall comply with all federal and state nondiscrimination laws, regulations and policies.

Pursuant to RCW 51.12.035, Volunteers, I hereby register as a volunteer worker for Skagit Fisheries Enhancement Group (SFEG). I acknowledge by my signature below that I will accept my responsibility as an SFEG volunteer. I will comply with all policies and procedures outlined by SFEG. I understand that I will not receive wages for services rendered.

I understand that each month in which I volunteer I must submit, via timesheet, my hours worked as an SFEG volunteer. Submitting monthly hours worked to SFEG is a requirement for medical aid coverage through the Department of Labor and Industries. Failure to document my time and submit monthly timesheets may make me ineligible to receive such medical aid coverage.

If any provision or portion of this Agreement is held to be unconstitutional, invalid or unenforceable, the remaining provisions shall remain in full force and effect.

Furthermore, I grant to SFEG and its employees the right to take photographs, video, motion pictures or sound recordings of me related to the Activity and to use such for publishing, illustration, advertising, trade and promotion, or any other use in any medium for any purpose without compensation and in perpetuity.

I release SFEG and its employees and volunteers from any claims and demands arising out of the use of these photographs, video, motion pictures or sound recordings. This release also covers legal representatives and any licensees of these photographs, video, motion pictures or sound recordings. I/We understand that photographs, video, motion pictures or sound recordings may be used in conjunction with other photographs, video, motion pictures or sound recordings as part of a composite, or in any form whatsoever.

This release and indemnification described herein shall be binding upon the heirs and personal representative of the undersigned

### **BACKGROUND INVESTIGATION**

I understand that SFEG may conduct a background investigation as part of this application process as this position may involve working with minors and other vulnerable populations. I hereby authorize the background investigation by my signature below.

**I HAVE READ AND UNDERSTAND THE ABOVE WAIVER AND RELEASE AND AGREE TO ALL OF ITS TERMS.**

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Parental Signature (required if under 18): \_\_\_\_\_

Dated: \_\_\_\_\_