VOLUNTEER AGREEMENT - Alaska Department of Fish & Game

PO Box 110024, Junea	au, AK 99811					and
olunteer Name	Address				Phone	
VHEREAS, the volunteer des employees, as follows:	ires to participate as an	unpaid worker	alongside, but	not dis	placing, s	tate
Division: Wildlife Conserv	/ation	Regio	on: I			
ocation: Douglas		Dates	s:	to _	11/30/20	019
Description of Project and Dut	ties:					
Conduct acoustic driving s	surveys for bats as part	of the Alaska	Citizen Science	Progr	am.	
** Is the Volunteer a minor un If 'Yes' is checked above, p		minor volunteer			☐ Yes	☐ No
Parent(s) of the minor volur	nteer have read/will comply	y with the depart	ment's SOP No.	III-524	Yes	■ No
** Will activities require <u>use</u> o	or <u>carrying</u> of firearms and	d/or ammunitio	n?		☐ Yes	X No
If 'Yes' is checked above, th <u>Possession</u> form and attach of 1997 (PL 104-208), anyo require the use of or access Further, if 'Yes' is checke of a certificate or other do	n it to this form. In accorda one convicted of a misdem is to firearms and/or ammu d above, the volunteer N	ance with the Fe eanor crime of c nition. IUST provide p	deral Omnibus of lomestic violence proof of training	Consolic e may n	dated Appr ot perform	opriations duties tha
Will activities require travel in If 'Yes', indicate below:	or operation of a state ve	ehicle?			☐ Yes	∑ No
Travel in: highway vehicle	off-road vehicle	small boat	☐ large boat	☐ air	craft*	
** Operate: highway vehic	cle*	small boat	*			
Describe below the justifi operate a state vehicle or			es under which t	the vol	unteer is a	authorized

*As a general rule, volunteers are *not* authorized to drive state vehicles, operate small boats, or travel in state aircraft. Under certain circumstances and with pre-approval, limited operation of state equipment or travel in state aircraft when necessary to further the volunteer's project/assignment may be allowable. Such use should be kept to a minimum and is allowable only if specified on this agreement form, approved by the regional supervisor (or equivalent), and only if the volunteer is properly licensed and trained to operate such vehicle/equipment. For additional details, see the following ADF&G Standard Operating Procedures: III-524, Volunteer Workers; III-004 Aircraft-Authorized Passengers; II-091 State-Owned Vehicles, Vessels, and Equipment.

SOP III-524 Form, Rev 5/15/2015

WHEREAS, the State desires to allow the volunteer to participate in said program.

NOW, THEREFORE, the parties agree as follows:

the volunteer.

The Volunteer agrees to participate without compensation for his/her activities in the Program under the direct supervision of state employee ____Karen Blejwas or Robin Rhoads _____(ADF&G Supervisor). • For the duration of the Volunteer's participation in the program, the State agrees to provide to the volunteer medical coverage and disability compensation, in amounts comparable to that afforded employees under the Alaska Workers' Compensation Act (AWCA), if the volunteer suffers injury, illness or death that arises out of, and occurs while acting within the course and scope of performance of his/her volunteer duties. It is agreed that weekly compensation for disability or death will be based on the minimum rate of compensation under AS 23.30.175. It is agreed that compensation or medical coverage will not be provided when the volunteer may be eligible for coverage by any other health or disability policy, insurance, payment or benefit, (inc. Medicaid, Medicare, Social Security, or pension) or workers' compensation coverage by another employer. Disputes regarding payment of compensation and medical benefits under this agreement are agreed to be decided by the Alaska Workers' Compensation Board without stipulating to

The State agrees to defend, indemnify, and hold harmless the Volunteer in the same manner and to the same extent the State
protects its employees from any claim, demand, suit for property damages or personal injury including death allegedly caused by the
Volunteer's activities if the Volunteer: a) at the time of the occurrence was acting in good faith within the course and scope of his/her
volunteer duties in accordance with the directions of the supervisor; b) the volunteer provides immediate notice to the State of any
claim; and c) the volunteer cooperates in the defense and does not stipulate to any judgment or settlement without the State's
approval.

the Board's jurisdiction. The State is not subject to AWCA penalty, interest, Second Injury Fund (SIF), or other payment in regard to

- The volunteer understands the State does not insure loss or physical damage to its employee's personal vehicle, equipment, or other
 personal property used while performing state work; nor will the State provide property insurance coverage for loss or physical
 damage to any volunteer's personal vehicle, equipment, or other personal property used while performing his/her volunteer duties.
- In consideration of the benefits received from participation in the program and the protection offered by this agreement, the volunteer:

 accepts the remedy provided by the State, and dispute resolution by the Alaska Workers' Compensation Board, as his/her sole legal remedy from the State if the volunteer suffers injury, illness or death arising out of, and occurring while acting within the course and scope of, his/her volunteer dutles;
 transfers his/her right to recover from others who may be responsible for the injury, illness, or death to the State and/or its assigns upon payment of compensation or medical expenses by the State; and
 agrees to cooperate and to do everything necessary to enable the State and/or its assigns to enforce the right to recover from others.

The Agreement is effective on the day when signed by the person designated below as the Regional Supervisor and filed with the

n/a		and Game agrees to provide transport The follow	
camp and sampling supplie n/a	s, etc.) will be supplied:		
The volunteer acknowledge	es he/she has read this agreement,	understands it, and agrees to be bour	d by its terms.
Person to be notified in	event of serious illness or acc	ident:	
Name	Address	Phone	Relationship
SIGNATURES:			
Volunteer:	Mar		. Date
(or parent of minor volu	inteer)		
ADF&G Supervise	or:		Date
Regional Supervi	sor:		Date
			. Also Division Diseases on
Designee if 'Yes' is ched		igh risk and must be approved by	the Division Director or
Division Director	or Designee:		Date
(Designee must be	equivalent to Assistant Director of	or Division Operations Manager)	

When complete, send the form to divisional headquarters office for distribution as described below.

Original or email: State of Alaska (SOA) Division of Risk Management by e-mail; Copies: ADF&G divisional headquarters, Volunteer, DAS Director when Division Director approval is needed.