



# VOLUNTEER WORKER REGISTRATION

North Olympic Salmon Coalition  
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Port Hadlock, WA 98339

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**PLEASE PRINT LEGIBLY OR TYPE**

Name	
Street Address	
Mailing Address	
City, State	Zip Code
Day Time Phone (    )	Night Time Phone (    )
E-Mail	
Do you have a valid First Aid card? <input type="checkbox"/> Yes <input type="checkbox"/> No      Expiration Date: ____/____/____	
Do you have any special skills or interests?	
Does the volunteer activity you will be performing require any licenses or certifications such as driver's, professional, trade, recreational, or hunting as listed with WA Department of Licensing, WA Department of Health, WA Department of Labor and Industries, WA Department of Fish and Wildlife, or any other state agency as required by state law? NOTE: Volunteers are prohibited from activities that require a Commercial Driver's License (CDL) (see Volunteer Supervisor Manual for prohibited activities for volunteers). <b>If so, please list license number(s) and/or other required insurance and/or bonding information below.</b>	
Driver's License #: _____	
Other licenses, insurance, bonding #: _____	
Do you have any medical conditions that may preclude you from doing this activity? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If so, please notify your supervisor.</b>	

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 2.**

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

<b>Name</b>	<b>Day Telephone</b>
<b>Email</b>	<b>Evening Telephone</b>

<b>NOSC Project Leader or Supervisor</b>	<b>Leader's Telephone</b>
Reed Aubin	360-379-8051
<b>NOSC Project Leader Signature</b>	<b>Date</b>

**VOLUNTEER ORIENTATION CHECKLIST** – PLEASE NOTE: By signing this form you are stating you have received Volunteer Orientation and Safety information.

REGISTRATION AND CONDITIONS OF VOLUNTEER SERVICE

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

**VOLUNTEER WORKERS**

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 reports of hours volunteered on forms provided by NOSC to the project manager/supervisor. I agree to abide by the policies, procedures and guidelines set forth by NOSC.

**VOLUNTEER - NOT AN EMPLOYEE OF NOSC**

I understand that I am not an employee of NOSC. I further understand that I will not hold myself out as, or claim to be an officer or employee of NOSC or take any claim of right, privilege or benefit which would accrue to an employee. I do not expect to receive any personal monetary wages for services rendered through volunteer activities.

**MEDICAL / WORKERS COMPENSATION INSURANCE**

I understand that as a registered volunteer that NOSC, 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.

**HOLD HARMLESS**

I agree to hold harmless and waive all claims of liability against NOSC arising out of my performance as a volunteer.

**LIABILITY INSURANCE**

Registered volunteers are covered under the State of Washington L&I Worker’s Comp Insurance. I understand that as a registered and accepted volunteer of NOSC, if any action or proceeding for damages is brought against me while performing activities within my assigned/approved official duties, that I may request defense of said action. (For defense information and instructions, contact NOSC at 360-379-8051).

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 NOSC program manager/supervisor of the volunteer activity and will complete a NOSC Accident/Incident Report form.

**NONDISCRIMINATION**

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

**BACKGROUND INVESTIGATION**

I understand that NOSC may conduct a background investigation as part of this application process. I hereby authorize the background investigation by my signature below.

Training is required for all volunteers registered with NOSC. Applicable training will be provided by the volunteer project supervisor or NOSC 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

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

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

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

Parental Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

(Required if under 18 years)

**PHOTO DISCLOSURE – PLEASE NOTE:** NOSC may take photographs of volunteers during the event and these may be used in electronic or print material for educational or project reporting purposes (including the NOSC website, newsletter, reports to grant agencies, and presentations to the public). Please talk with a NOSC staff member if you do not wish to permit NOSC to use photographs of you as described above. Signing this form grants your permission for NOSC to use your photo in the above publications.