



## VOLUNTEER GROUP REGISTRATION

North Olympic Salmon Coalition (NOSC)  
205 B West Patison Street, Port Hadlock, WA 98339  
Phone: (360) 379-8051 Fax: (360) 379-3558

Project Title	Project Location
NOSC Project Manager or Supervisor (Please Print)	NOSC Supervisor Signature (my signature attests to the fact that safety training was provided to project volunteers)
Supervisor's Telephone – 360-379-8051	_____ Date _____

### **Agreement:**

By my signature on this form, I agree to volunteer my services for no compensation and willingly agree to:

- Register as a volunteer worker for North Olympic Salmon Coalition (NOSC);
- Follow all safety rules and regulations, avoid all workplace hazards and refuse to perform any work assignment I feel I am not qualified to perform;
- Accept responsibility for the safe use and maintenance of tools and equipment use as part of my volunteer service;
- Represent NOSC and fellow volunteers/organizations in a positive, professional way, following all directions and advice offered by my project supervisor;
- I have not received any citations for violation of state or federal wildlife laws;
- I have not been charged with a misdemeanor or felony;

### **REGISTRATION AND CONDITIONS OF VOLUNTEER SERVICE**

*Please read the following – your signature indicates you understand and agree. If you have any questions, please check with your supervisor.*

#### **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 submit the number of hours volunteered 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 North Olympic Salmon Coalition (NOSC) and landowner's project site arising out of my performance as a volunteer.

#### **LIABILITY INSURANCE**

Registered volunteers are covered under the State of Washington L&I Workers' 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 authorize the background investigation by my signature.

#### **TRAINING**

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

#### **TIMESHEETS**

I understand that I must submit 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 may make me ineligible to receive such medical aid coverage.

