

VOLUNTEER REGISTRATION FORM



(Please print)

NAME: <i>(first, middle, last)</i>		E-MAIL:	
MAILING ADDRESS:	CITY	STATE	ZIP
PHONE:			
EMERGENCY CONTACT:		DAY PHONE:	
ADDRESS:		EVENING PHONE:	
AGENCY: <i>Arizona Department of Environmental Quality</i>			
VOLUNTEER DUTIES: <i>Water Quality Monitoring</i>			
START DATE		END DATE	
SUPERVISOR: <i>Jade Dickens</i>		PHONE: <i>602-771-4635</i>	
SUPERVISOR TITLE: <i>Watershed Protection Unit Supervisor</i>			

LIABILITY COVERAGE: Volunteers are persons doing State of Arizona work/activities without pay under the direction and control of a State authorized official. Liability coverage is extended to volunteers acting at the direction of a State official and within the course and scope of their State authorized activities. Volunteers of the State are provided the same liability protection afforded employees. Thus, volunteers acting within the course and scope of their State authorized activities may be covered for their liability exposure as authorized volunteers of the State.

WORKERS' COMPENSATION IS NOT COVERED: Volunteers are NOT covered by the State's workers' compensation plan if injured while participating in this program. Volunteers are strongly encouraged to obtain their own medical insurance before participating in this program. When there is no other insurance in place, Risk Management provides a volunteer accident medical and accidental death & dismemberment excess program. Claim forms can be obtained from the Risk Management web site at "www.azrisk.state.az.us". The accident medical and accidental death & dismemberment insurance does not apply to volunteers under age 18 unless a parent or guardian accompanies them while volunteering.

If I use my private motor vehicle in the course of my volunteer duties, I understand it is my obligation to obtain vehicle insurance to cover any accidents involving my vehicle.

I HAVE CAREFULLY READ THE ABOVE INFORMATION AND HAVE RECEIVED A COPY OF THE SITE SPECIFIC ADEQ SAMPLE AND ANALYSIS PLAN THAT INCLUDES SAFETY INFORMATION, AND UNDERSTAND ITS CONTENTS. THE ABOVE INFORMATION PROVIDED BY ME IS ACCURATE.

VOLUNTEER'S SIGNATURE **DATE**

SIGNATURE OF PARENT OR GUARDIAN, IF VOLUNTEER IS UNDER 18 **DATE**

SUPERVISOR'S NAME (PRINT) SUPERVISOR'S SIGNATURE **DATE**



VIDEO/PHOTO RELEASE FORM

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- advertising or sales
- educational presentations or courses
- on-line educational courses
- educational videos
- cable and broadcast television and the internet

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

VOLUNTEER'S SIGNATURE

DATE

SIGNATURE OF PARENT OR GUARDIAN, IF VOLUNTEER IS UNDER 18

DATE