

STATE OF HAWAII
DEPARTMENT OF LAND AND NATURAL RESOURCES
AGREEMENT FOR INDIVIDUAL VOLUNTARY SERVICE

Name: _____ Phone: _____

Address: _____

DURATION OF AGREEMENT: START: _____ END: _____

I understand that I will not receive any compensation for the above work and the volunteers are NOT considered to be employees of the State of Hawaii for any purpose other than tort claims, and I understand that volunteer service is not creditable for leave accrual or any other employee benefits. I also understand that either the State of Hawaii or I may cancel this agreement at any time by notifying the other party. I acknowledge that there are inherent risks and dangers associated with this activity and in particular have noted those risks listed below.

I understand that I will be assisting the State of Hawaii, Department of Land and Natural Resources in taking care of Hawaii's natural and cultural resources. I will be responsible for my equipment and supplies. I understand that a DLNR employee will be available to assist with logistics and communications. I will be responsible for all aspects for the actual work project, and the safe use of and proper care of hand tools including, but not limited to: machetes, saws, hand saws, hazel hoes, Pulaskis, Mcleods, pry bars, sledge hammers, bow-saws, power tools (including but not limited to: brush cutters), etc.

I am in good physical condition and will be self-sufficient while at the work project site. I have informed the State of any physical, mental, and/or medical conditions that may increase the risk of harm to me or others while engaging in the activities described in this document. I understand that I should wear footwear when working in the field. I understand that the duration of the project may be less than eight hours in length; however, in the event of inclement weather, the work day may be either shortened or extended at the discretion of the State. I further understand that work projects may occur in remote areas as well as on public or private lands where hunting activities occur and that I may not leave the trail work area without first notifying the State. I am aware that there are inherent risks and dangers associated with field work. They include but are not limited to:

Nighttime work	Diseases caused by water, air and animal vectors
Passenger in Utility-Terrain Vehicles (UTV)	Paint, fuel and oil fumes
Work around or near mechanical equipment	Thorny plants/dense vegetation
Passenger in helicopter and/or working around helicopter	Poisonous plants
Gusty wind	Slips, trips and falls
Sharp and/or slippery rocks	Lack of reliable communication
Stinging or biting insects and spiders	No telephones
Portable or no bathroom facilities	Weapons fire/gunshots
Steep drop-offs: Landslides	Wet and slippery roads
No potable (drinkable) water	Work on/in near water
Rugged terrain	Herbicides/Pesticides/Fungicides
Sharp tools	Work in a hunting area
Lack of medical facilities	Steep and slippery trail and river crossings
Wild animals	Flash floods
Harsh weather conditions ranging from hot and humid to wet and cold	Drowning, injury or death

I agree to waive any and all claims against the State of Hawaii and its officers, agents, employees, or volunteers for any injury, property damage, and/or death caused by any negligence on the part of the State of Hawaii, its officers, agents, employees, and other volunteers and agree to hold harmless and to indemnify the State of Hawaii, its officers, agents, employees and other volunteers from any suits, actions, and claims arising out of or in any way connected with my activities as a volunteer or the activities of the State of Hawaii, its officers, agents, employees, or other volunteers.

I understand I am also signing on behalf of any minor that is under my care during the duration of the volunteer activity. I further agree that I will be responsible for personally supervising the minor or for making arrangements for the supervision of the minor by another responsible adult.

I hereby volunteer my services as described above, to assist the State of Hawaii, Department of Land and Natural Resources in its authorized work.

Signature of Volunteer (or Minor's guardian) Date

Minor's Name: _____

Minor's Name: _____

Minor's Name: _____

Minor's Name: _____

Minor's Name: _____

Minor's Name: _____

Minor's Name: _____

Minor's Name: _____

Minor's Name: _____

Based upon the above agreement and understanding, the State of Hawaii agrees, while this arrangement is in effect, to accept your services as a volunteer.

Mahalo for your support of Hawaii's natural and cultural resources.



Suzanne D. Case, Chairperson

Department of Land and Natural Resources

Department of Land and Natural Resources

Media Release

DATE(S) OF PHOTO, FILMING, RECORDING, ETC.: _____
PHOTOGRAPHER/PRODUCER: _____
ASSIGNMENT: _____
LOCATION: _____
ACTIVITY: _____

INTENDED USE OF PRODUCT: Communication, outreach, and education products of the Department of Land and Natural Resources intended to promote an awareness and appreciation of the natural environment.

RECEIPT RELEASE FOR MINORS

I, being the parent or guardian of _____, hereby consent that his/her name, image, and likeness, as shown in the videotapes, photographs, motion picture film, and/or electronic images for which she/he appears, and/or audio recordings made of her/his voice may be used by the State of Hawaii, Department of Land and Natural Resources, its assigns or successors, in whatever way they desire including television; furthermore, I hereby consent that such photographs, films, recordings, electronic images, and the plates, tapes, disks, and/or software from which they are made shall be the property of the State of Hawaii Department of Land and Natural Resources and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, electronic images, and the plates, tapes, disks, and/or software as they may desire free and clear of any claim whatsoever on my part.

IN WITNESS WHEREOF I have hereunto set my hand, in the State of _____ on this day _____

NAME OF MINOR _____

SIGNATURE OF PARENT OR GUARDIAN _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER(____) _____ EMAIL _____

RECEIPT RELEASE FOR ADULTS

I, being of legal age, hereby consent that my name, image, and likeness, as shown in the videotapes, photographs, motion picture film, and/or electronic images in which I appear, and/or audio recordings made of my voice may be used by the State of Hawaii, Department of Land and Natural Resources, its assigns or successors, in whatever way they desire including television; furthermore, I hereby consent that such photographs, films, recordings, electronic images, and the plates, tapes, disks, and/or software from which they are made shall be the property of the Conservation International, State of Hawaii Department of Land and Natural Resources and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, electronic images, and the plates, tapes, disks, and/or software as they may desire free and clear of any claim whatsoever on my part.

IN WITNESS WHEREOF I have hereunto set my hand, in the State of _____ on this day _____

On this day _____

NAME (printed) _____

SIGNATURE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER(____) _____ EMAIL _____

DIVISION OF FORESTRY & WILDLIFE VOLUNTEER TIME SHEET

VTS-081501

Name:

Social Security #: _____ - _____ - _____

Address:

Phone #: (H)

(Cell)

E-Mail:

Month:

Fiscal Year:

Comments:

Federal Aid Wildlife Activities

None Game

- 321 - Operations & Maintenance
- 322 - Facilities Construction
- 323 - Population Management
- 324 - Habitat Management
- 325 - Forest Bird Survey
- 326 - Nene Survey
- 327 - Seabird Survey
- 328 - Water bird Survey
- 389 - Nene/Water bird Predator Control

Game

- 372 - Operations & maintenance
- 373 - Facilities Construction
- 374 - Population Management
- 375 - Habitat Management
- 376 - Mammal Survey
- 377 - Bird Survey

Round to Nearest .25 hr.

Date	Act.Code	Description of Work Done	Total Travel Time	Time In - Out	Total Work hrs.	Total HOURS	Rnd.Trip Mileage

TOTAL ---- >>

**I certify that the above information is true
to the best of my knowledge and belief.**

Volunteer Signature

Date

Supervisor Verifying Accuracy

Entered Data By:

Date: