

CA State Parks Volunteer Registration Packet

Please fill in all the boxes below, and then proceed to the following pages.
Your information should auto-fill into the respective boxes, however,
please verify that all your information has been correctly recorded,
and type or neatly print the answers for the remaining fields on the forms.
After completing the form, please print the Entire Workbook, then sign and date. You will also need insert your duty statement.

NAME

First	
Middle Initial	
Last	

ADDRESS

Street	
City	
State	
Zip	

CONTACT

Primary Phone	
Alt. Phone	
Email	

For Department Use Only	
District / Sector (Field)	
Unit (Park/Program Name)	
Division (HQ)	



VOLUNTEER SERVICE AGREEMENT

A copy of the volunteer duty statement must be attached.

NAME (First, MI, Last)	HOME PHONE NO.	ALTERNATE PHONE NO.
HOME ADDRESS	CITY/STATE/ZIP CODE	EMAIL ADDRESS

CHECK ONE
 I am 18 years of age or older. I am under 18 year of age (*Attach a signed Parental/Guardian Permission Form, DPR 208C.*)

SERVICE AGREEMENT

I agree to comply with all Department policies, regulations, directives and instructions, and to conduct myself in a professional manner, consistent with the same standards as established for Department employees.

I understand that I will not be compensated for any work performed as a State Parks Volunteer, other than for reimbursement of necessary and allowable expenses when authorized in my duty statement and in accordance with State rules. [Reimbursement requires that I complete an Oath of Allegiance (STD. 689).]

I understand that any injuries I sustain in the course and scope of performing authorized volunteer services under this agreement shall be included within the scope of workers' compensation coverage maintained by the Department, to the same extent as injuries sustained by a Department employee. I also understand that the Department may, at its discretion, assume liability for tort claims against me arising from my acts or omissions occurring within the course and scope of my authorized volunteer service.

I understand and agree that all rights, title and interest, including copyright, in and to any materials created by me as a volunteer during the term of this agreement shall belong to the Department upon creation and shall continue in the Department's exclusive ownership upon termination of this agreement. Such materials shall be a work for hire within the meaning of the Copyright Act of 1976, as amended. If and to the extent that any portion of the materials created by me pursuant to this agreement are determined not to be a work for hire, I assign to the Department all rights, title and interest in such portion of the materials, including all related copyrights and other proprietary rights. I agree that the provisions of this paragraph shall be effective unless otherwise agreed to in writing. I agree to cooperate with the Department and to execute any document reasonably necessary to give these provisions full force and effect, even if this agreement has been terminated.

I understand that this agreement remains in effect only so long as is mutually agreeable to both the Department and me, and that either I or the Department may terminate this agreement at any time, with or without cause, and with or without advance notice.

DISTRICT/DIVISION WHERE VOLUNTEER ASSIGNED	WORK LOCATION/PARK UNIT(S)	DATE VOLUNTEER TO BEGIN WORK
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VOLUNTEER APPROVAL: <i>I hereby volunteer my services as a State Parks Volunteer for the job duties attached.</i> VOLUNTEER SIGNATURE _____ DATE _____	DEPARTMENT APPROVAL (<i>contingent on approval of appropriate forms</i>) DEPARTMENT REPRESENTATIVE SIGNATURE _____ DATE _____
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EMERGENCY NOTIFICATION

First

NAME	RELATIONSHIP	HOME PHONE NO.	ALTERNATE PHONE NO.
STREET ADDRESS		CITY/STATE/ZIP CODE	

Second

NAME	RELATIONSHIP	HOME PHONE NO.	ALTERNATE PHONE NO.
STREET ADDRESS		CITY/STATE/ZIP CODE	

DATE VOLUNTEER SEPARATED	<input type="checkbox"/> Review prior to reinstatement. <input type="checkbox"/> Volunteer in good standing.	DEPARTMENT REPRESENTATIVE SIGNATURE _____
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PERIODIC EVALUATION SUMMARY

SUMMARY/COMMENTS

VOLUNTEER SIGNATURE

DEPARTMENT REPRESENTATIVE SIGNATURE

DATE

SUMMARY/COMMENTS

VOLUNTEER SIGNATURE

DEPARTMENT REPRESENTATIVE SIGNATURE

DATE

SUMMARY/COMMENTS

VOLUNTEER SIGNATURE

DEPARTMENT REPRESENTATIVE SIGNATURE

DATE

SUMMARY/COMMENTS

VOLUNTEER SIGNATURE

DEPARTMENT REPRESENTATIVE SIGNATURE

DATE

SUMMARY/COMMENTS

VOLUNTEER SIGNATURE

DEPARTMENT REPRESENTATIVE SIGNATURE

DATE

Sign and Insert Duty Statement Here

DISTRIBUTION:

Original - Personnel File
 Copy - Supervisor
 Copy - Employee



State of California - Natural Resources Agency
 DEPARTMENT OF PARKS AND RECREATION

EMPLOYEE'S/VOLUNTEER'S PRE-DESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- on the date of your work injury you have health coverage for injuries or illnesses that are not work related;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries and illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify the Department if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

EMPLOYEE PRINTED NAME <i>(First, MI, Last)</i>		
EMPLOYEE HOME ADDRESS <i>(Street, City, State, Zip)</i>		
DIVISION	SECTION/DISTRICT/SECTOR	
<i>If I have a work-related injury or illness, I choose to be treated by:</i>		
NAME OF INSURANCE COMPANY, PLAN, OR FUND PROVIDING HEALTH COVERAGE FOR NONOCCUPATIONAL INJURIES/ILLNESSES		
PHYSICIAN'S PRINTED NAME AND TITLE <i>(M.D. or D.O.)</i> , OR MEDICAL GROUP		PHONE NO. ()
STREET ADDRESS		CITY/STATE/ZIP CODE
EMPLOYEE SIGNATURE		DATE
		
<i>I agree to this predesignation.</i>		
PHYSICIAN SIGNATURE OR SIGNATURE OF DESIGNATED EMPLOYEE OF PHYSICIAN OR MEDICAL GROUP*		DATE
		
FOR ADMINISTRATIVE USE ONLY		
RECEIVED BY	TITLE	DATE RECEIVED

* The physician is not required to sign this form; however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, Sections 9780.1(a)(3).

ESSENTIAL FUNCTIONS HEALTH QUESTIONNAIRE

APPLICANT INFORMATION

LAST NAME		FIRST NAME	SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ADDRESS			CITY	STATE	ZIP CODE
DAYTIME TELEPHONE	EVENING TELEPHONE	CLASSIFICATION Volunteer	HIRING DEPARTMENT Department of Parks and Recreation		

CONTACT INFORMATION

NAME		TITLE
LOCATION		TELEPHONE



LIST OF ESSENTIAL FUNCTIONS

Enter list of essential functions of the job from current duty statement here, or attach duty statement:

See Duty Statement

ACKNOWLEDGEMENT

I certify that the duties listed above represent the essential functions of the job and classification listed above.

SUPERVISOR'S NAME	SUPERVISOR'S SIGNATURE 	DATE
PERSONNEL OFFICER'S NAME	PERSONNEL OFFICER'S SIGNATURE 	DATE

ESSENTIAL FUNCTIONS HEALTH QUESTIONNAIRE

APPLICANT'S CERTIFICATION OF ESSENTIAL FUNCTIONS

I certify that I have read the essential functions of the job listed on page 1 and considering my current health status (please check one of the boxes below):

I am able to perform all of the essential functions of the job without a need for reasonable accommodation.

I am able to perform all of the essential functions of the job, but will require reasonable accommodation (please describe your requested accommodation in the Reasonable Accommodation section below).

I am unable to perform one or more of the essential functions of the job, even with reasonable accommodation.

I am not sure if I am able to perform one or more of the essential functions of the job. I have identified the functional limitations that I believe may limit my ability to perform the essential functions of the job in the Request for Essential Functions Evaluation section below.

REASONABLE ACCOMODATION (If necessary, you may attach additional pages)

For each essential function of the job for which you require reasonable accommodation, please describe the reasonable accommodation you are requesting:

REQUEST FOR ESSENTIAL FUNCTIONS EVALUATION (If necessary, you may attach additional pages)

I am not sure whether I have a physical or mental limitation that may prevent or otherwise impair me from performing the essential functions of the job. Below I have listed the essential functions in question and my specific functional limitations that I believe may prevent or otherwise impair me from performing the listed essential functions of the job. I authorize the hiring authority, if necessary, to refer this information to the State Personnel Board's Medical Officer, or his/her delegate, to determine my ability to perform the essential functions of the job with or without reasonable accommodation.

ACKNOWLEDGEMENT

I certify that the information I have provided concerning my ability to perform the essential functions of the job is true and complete to the best of my knowledge.

APPLICANT'S NAME (Print or type)

APPLICANT'S SIGNATURE

DATE



State of California - Natural Resources Agency
DEPARTMENT OF PARKS AND RECREATION

VISUAL MEDIA CONSENT

PRIVACY RIGHTS AND USE OF INFORMATION

I give the State of California, Department of Parks and Recreation (DPR) permission to make photographs, videotapes, films or other likenesses of me, my child or legal ward. I hereby grant to DPR the unrestricted right to copyright any of the above-mentioned materials containing images of me, as well as the unrestricted right to use and reuse them, with their caption information, in whole or in part, in any manner, for any purpose and in any medium now known or hereinafter invented, in perpetuity, and in all languages throughout the world. These rights include, but are not limited to, the right to publish, copy, distribute, alter, license and publicly display these materials and images for editorial, trade, marketing and/or advertising purposes. I also grant to DPR and its licensees the unrestricted right to use and disclose my name in connection with use of the above materials.

I understand and agree that I will not be paid for any use described

I also waive, and release and discharge the State of California, DPR, its officers, employees and/or agents from, any and all claims arising out of or in connection with any use of the materials, caption information and images described above, including any and all claims for libel, defamation and/or invasion of privacy or publicity. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. I realize I cannot withdraw my consent after I sign this form and I realize this form is binding on me and my heirs, legal representatives and assigns.

NAME OF SUBJECT(S) DEPICTED IN VISUAL MEDIA *(print)*

By signing this form I hereby certify that I am the subject and/or parent or legal guardian of the person(s) under 18 years of age named above and I hereby sign this consent form on behalf of myself and/or such person(s) in accordance with the statements above.

SIGNATURE OF SUBJECT AND/OR PARENT/LEGAL GUARDIAN		PRINTED NAME	PHONE NUMBER ()
ADDRESS	CITY/STATE/ZIP CODE		E-MAIL ADDRESS

FOR DEPARTMENT USE ONLY

PARK UNIT AND/OR LOCATION WHERE VISUAL MEDIA CAPTURED <i>(print)</i>	UNIT NO.
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PHOTOGRAPHER'S NAME AND TITLE <i>(print)</i>	DATE VISUAL MEDIA CREATED
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IMAGE NUMBERS

PURPOSE

This form is designed to protect the Intellectual Property Rights of the California Department of Parks and Recreation. It is also designed to protect the Department and avoid the violation of any privacy rights regarding display or use of visual media (i.e. still photography, video footage, etc.) featuring members of the public. Multiple copies of this form must be carried in the field whenever the creation of visual media may capture members of the public when said visual media displays members of the public in a recognizable way.

COMPLETION INSTRUCTIONS

General Instructions

Individuals captured in various visual media by California Department of Parks and Recreation employees must complete this form. This form must be completed while the employees are in the process of capturing visual media.

- ALL people captured in a particular shot must fill out a separate copy of the form.
- ONE person CANNOT sign for a particular group; however, multiple children can be included on one form if they share the same parent and/or legal guardian.
- A parent's or legal guardian's signature on a minor's form CAN count as consent for use of the parent's/legal guardian's image as well, SO LONG AS the parent or legal guardian's name also appears in the NAME OF SUBJECT DEPICTED box.
- BE SURE that the form is properly completed before moving on to another shot.

Item Instructions

NAME OF SUBJECT(S) DEPICTED IN VISUAL MEDIA: Have the person appearing in the visual media print his/her full name. Minors can be grouped on a single form with their parent or legal guardian.

SIGNATURE / PHONE NUMBER / ADDRESS / E-MAIL: Have the person appearing in the visual media enter his/her signature, telephone number and current address, and e-mail.

NOTE: *If the person appearing in the image is under the age of 18, his/her parent or legal guardian MUST enter ALL requested information and sign the form for the form to be valid. If the form is not valid, the image is unusable.*

PARK UNIT AND/OR LOCATION WHERE VISUAL MEDIA CAPTURED & UNIT NO.:

Print the Unit Number and Official Park Unit Name where the visual media is created. If the visual media is created in a location other than a State Park (such as on property operated but not owned by the Department), record that location instead.

DATE VISUAL MEDIA CREATED: Enter the date the visual media is created (i.e., date photograph taken, date video footage filmed, etc.).

PHOTOGRAPHER'S NAME AND TITLE: Record the name and title of the person who created the visual media (official Department job title, Volunteer status, etc.).

IMAGE NUMBERS: Record all the image file names or catalog numbers of the images in which the subject(s) named on the form appear.