

Volunteer Timesheet for Individuals



The Department of Natural Resources and Environmental Control is committed to affirmative action, equal opportunity, and the diversity of its workforce.



Volunteer Name _____
Phone _____
Program/Project _____
Location _____
Month Reported _____

Please provide all information in ink. Any changes or corrections should be made by drawing a line through the error and correcting the error in ink. The person making the correction must also initial it.

Date	Activity <i>Please Be Specific</i>	Total Hours*
Total hours for all days volunteered (Submit additional sheets if more days/hours are to be reported.)		

*Subtract lunch/break time from the total hours recorded each day.

Volunteer Status (check whichever applies)

- True volunteer receiving no compensation for time donated.
- Compensated by federal grant or employer with federal funding source.
Please identify grant or employer _____
- Compensated by employer with a non-federal funding source.
Please identify employer _____

Please Check the Correct Age Bracket

Under 14	14-15	16-17	18 or older
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Office Use Only

Project Leader Certification _____

Date Approved _____

Date Entered _____

Entered By _____

Grant Code _____

Position Equivalent _____

By signing below, I certify that the information above is true and correct. (If volunteer is under the age of 18, parent/guardian signature is required.)

Volunteer Signature

Date

Parent/Guardian Signature

INDIVIDUAL VOLUNTEER POLICY

By signing below, I acknowledge and agree to the following:

- I understand and voluntarily assume the risks involved in being a volunteer for the Department of Natural Resources and Environmental Control (DNREC).
- I release DNREC from any liability arising out of my participation as a volunteer. I hereby waive the right to file any and all claims for compensation or damages against DNREC, and any state employee or contractor for any loss or injury sustained during the course of volunteer activities.
- Volunteers are not considered employees of the State of Delaware. DNREC does not provide Worker's Compensation or any other insurance coverage for volunteers.
- I agree to provide service as a volunteer without compensation and to adhere to DNREC rules and procedures and will not attempt work that is beyond my abilities or for which I have not been assigned, trained or authorized.
- I understand that photographs may be taken at events and I give my permission to DNREC to utilize my photographs in future publications, promotional materials and exhibits.
- I certify that I have read and understand this Waiver of Liability form and that I am signing it because I wish to proceed as a volunteer under these terms and conditions.

(Signature of Volunteer)

(Date)

REQUIRED IF UNDER 18 YEARS OF AGE:

I certify that (name) _____, my son/daughter, is fully capable of participating as a volunteer without compensation and has my permission to be assigned and participate as a volunteer for the Division of Fish and Wildlife. I understand the risks involved with being a volunteer and acknowledge that neither the State of Delaware, nor the Department of Natural Resources and Environmental Control, nor the Division of Fish and Wildlife, nor any state employee, will assume financial liability for injury or illness that might occur while my child is volunteering for the Division of Fish and Wildlife.

(Age if under 18)

(Signature of Parent or Guardian)

(Date)