



Sound Salmon Solutions

712 3rd Street, Suite B, Mukilteo, WA 98275

Please print legibly and answer all questions completely

VOLUNTEER WORKER REGISTRATION

Email: kaelie@soundsalmonsolutions.org

Phone: 425-252-6686

SOUND SALMON SOLUTIONS

Name

Street Address

City State Zip Code

Mobile Phone # () Home Phone # ()

Email Address

If the volunteer activity you will be performing requires driving to a work site(s) please complete this section:

Driver License #: State:

Auto Insurance Provider: Policy #:

Do you have any medical conditions that may preclude you from doing certain activities? Yes No

If so, please list the types of activities you are unable to perform:

Have you ever received a citation for violation of state or federal wildlife laws? Yes No

Have you ever been charged with a misdemeanor or felony? Yes No

If yes to either question, explain in detail on separate attached page. Also, please read section on "Background Investigation" on other side.

In case of emergency, please notify the following individual

Name	Relationship
Mobile Phone # ()	Home Phone # ()

Project or Assigned Duties Information (to be completed by staff)

Description of Duties	
Project	Type <input type="checkbox"/> Habitat <input type="checkbox"/> Education <input type="checkbox"/> Outreach
Supervisor's Name	Supervisor's Signature

Please read the back page initialing each section, then SIGN and DATE it.

REGISTRATION AND CONDITIONS OF VOLUNTEER SERVICE

Please read the following carefully. Initial each section to indicate your understanding and agreement.

VOLUNTEER WORKER

I understand that I am registering as a volunteer worker as defined by RCW 51.12.035. I agree to complete and submit monthly timesheets of hours volunteered on forms provided by SSS to the project manager/supervisor. As a volunteer I agree to abide by the policies, procedures and guidelines set forth by SSS. Initials _____

VOLUNTEER - NOT AN EMPLOYEE OF SSS

I understand that I am not an employee of SSS. I further understand that I will not hold myself out as, or claim to be an officer or employee of SSS or take any claim of right, privilege or benefit which would accrue to an employee under any applicable federal or state law. I do not expect to receive any personal monetary wages for services rendered through volunteer activities. Initials _____

MEDICAL / WORKERS COMPENSATION INSURANCE

I understand that as a registered volunteer under RCW 51.12.035 that SSS through the Department of Labor and Industries, provides registered volunteers with Workers Compensation Insurance only 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. Failure to document my time and submit monthly timesheets may make me ineligible to receive such medical aid coverage. Initials _____

HOLD HARMLESS

I hereby waive, release, promise not to sue, and forever discharge Sound Salmon Solutions and any of its officers, directors, volunteers, and/or agents including the following Landowner: _____ from any and all claims, liability, or causes of action arising from the negligence or fault of Sound Salmon Solutions, and/or its officers, directors, volunteers, or agents. I further agree to indemnify and hold harmless Sound Salmon Solutions and/or any of its officers, directors, volunteers, and/or agents from any claim, liability, or cause of action brought against Sound Salmon Solutions by a third party when said claim is based on my own action, inaction, or negligence arising out of my performance as a volunteer. Initials _____

LIABILITY WAIVER

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 SSS program manager or supervisor of the volunteer activity. Initials _____

NONDISCRIMINATION

I shall comply with all federal and state nondiscrimination laws, regulations and policies during my performance as a volunteer for SSS. Initials _____

PHOTO DISCLOSURE

I understand that SSS takes photographs of volunteer activities. The photographs may be used in electronic or print material for educational or project reporting purposes (including the SSS website, newsletter, reports to grant agencies, and public presentations). Please speak with SSS Volunteer Coordinator if you do not wish to permit the taking or use of photographs as described above. Initials _____

BACKGROUND INVESTIGATION

I understand that SSS may conduct a background investigation as part of this application process. I hereby authorize SSS to conduct a background investigation if required by my assigned volunteer duties. Initials _____

Volunteer Signature: _____

Date: _____

Parent Signature: _____

Date: _____

(required if volunteer is under 18 years-old)