

Minor Volunteer Registration Agreement

Minor Name (Print):	Parent/Guardian Name (Print)	Date(s) of Service:
Mailing Address:	Mailing Address:	Work Site/Location Name:
City/State/Zip:	City/State/Zip:	Type of Work:
Contact Number:	Contact Number:	DNR Contact Person:
Email:	Email:	

Purpose The purpose of this minor registration is to enroll the persons named below as volunteer for the Washington State Department of Natural Resources (DNR). As a volunteer they will enhance the Department's ability to carry out its responsibilities and achieve its mission and goals in the public interest. Need to complete or register on either the *Group Registration Agreement/ Time Record* form or *Individual Volunteer Agreement/ Time Record* form.

Agreement See *Group Volunteer Registration Agreement/ Time Record* form or *Individual Volunteer Registration Agreement/ Time Record* form.

Signature of Minor Volunteer _____ Print Minor Name _____ Date _____

Signature of parent or guardian of Minor _____ Print Parent/Guardian Name _____ Date _____

- By initialing here _____, I hereby authorize and consent to the use of the minor's visual image by the State of Washington for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications, and websites. I give this consent with no claim for payment.

Signature of DNR Representative _____ Print DNR Rep Name _____ Date _____

***Attach this form to either *Group Volunteer Registration Agreement/ Time Record* form or *Individual Volunteer Registration Agreement/ Time Record* form that the minor participates in.