



Volunteer Agreement

Volunteer Name		Position Title Volunteer	
Address		City	State ZIP + 4
Daytime Phone No.	Cell Phone No.	Email Address	
Emergency Contact		Emergency Contact Daytime Phone Number	
Dates of Agreement (mm/dd/ccyy)	Scheduled Hours/Week	Schedule (e.g., every Friday, Wednesday through Saturday, varies, etc.)	
From 5/15/2024 To 11/30/2024	N/A	N/A	
Volunteer Location			
Name of State Agency Wisconsin Department of Natural Resources		Site/Program/Activity Lake Metonga/Fisheries Management/Bullhead Removal	
Address 5631 Forestry Drive		City Florence	State ZIP + 4 WI 54121
Volunteer Supervisor Name Gregory Matzke		Title Fisheries Biologist	Phone Number 715-528-4400 5

This agreement for volunteer services is entered into by and between the volunteer and the State agency named above. The volunteer and the State agency mutually agree to the following responsibilities:

Volunteer

For Use on Lake Metonga Only

1. Will be under the supervision, direction and control of the supervisor named above.
2. Shall be available for scheduled service time(s) listed above.
3. Understands that s/he is a volunteer and NOT an employee of the State of Wisconsin or the State agency named above and is not eligible for any benefits, including Worker's Compensation.
4. Understands all duties expected to be performed that appear on the Position Description and that additional duties may be added as needed.
5. Understands all work rules that are to be followed.
6. Understands that the State agency named above will provide no compensation.
7. If volunteer will be driving a State vehicle as part of his/her assigned duties, s/he will only do so after completing a Volunteer Driver Vehicle Use Agreement (DOA-3685), receiving and understanding the statewide Fleet Driver and Management Policies and Procedures, meeting the minimum driving standards, receiving proper authorization to drive a State vehicle, and, when driving a vehicle, will strictly follow the route designated by the agency.

State Agency Named Above

1. Will provide the volunteer with a Position Description describing duties to be performed.
2. Will provide training required to perform the agreed upon duties.
3. Will educate volunteers on safety awareness in the workplace.
4. Will provide necessary volunteer safety and equipment related items.
5. Will subsequently and periodically review work performance with the volunteer.
6. Will regard the volunteer as an **agent** of the State as provided in s. 895.46, Wis. Stats. As an agent of the State, the volunteer will be entitled to all the protections provided by s. 895.46, Wis. Stats.
7. Will review and update this Volunteer Agreement on at least an annual basis.

Either the volunteer or the State agency named above may cancel this agreement at any time.

Volunteer's Signature _____ Date (mm/dd/ccyy)

Authorized State Agency Representative Signature _____ Date (mm/dd/ccyy)

05/13/2024

This document can be made available in alternate formats to individuals with disabilities upon request.

LMA Volunteer: Be sure to take a picture or scan of completed form, keep original and send copy to: Grant Reed at 6670 Wintergreen Trail, Sobieski WI 54171 or email (preferred) to gmreedi@gmail.com