

BAXTER STATE PARK

INDIVIDUAL VOLUNTEER SERVICE APPLICATION

Name: _____ **Date of Birth:** _____

Address: _____

Telephone Number: _____ - _____ - _____ **Email:** _____

In Case of Emergency, Notify: Name: _____

Address: _____ **Telephone:** _____

Education: Indicate highest level completed:

Elementary _____ **High School** _____ **College** _____ **Major** _____

Occupation: (Current/Previous) _____

Special Skills, Interests & Hobbies: _____

Type of Volunteer Activity Preferred:

1. _____ **Location in Park:** _____

2. _____ **Location in Park:** _____

Periods of Time Available (Dates)

Summer: _____

Winter: _____

Personal References: (Name & Telephone Number)

1. _____

2. _____

3. _____

AGREEMENT FOR VOLUNTEER SERVICE

I UNDERSTAND THAT IF ACCEPTED AS A VOLUNTEER:

1. I shall be subject to all Baxter sState Park Rules & Regulations.
2. I shall not have the status of an employee of the State of Maine.
3. I shall not receive compensation for my services.
4. I will provide all necessary camping equipment and supplies: unless advised of other arrangements by Park staff.
5. I will be available for a minimum of one week if volunteering as a campground assistant or maintenance assistant and will contribute a minimum of twenty-eight (28) hours of work per week.
6. I will operate Baxter Park Vehicles and/or equipment only if I hold proper license, have specific permission from and am under supervision of Baxter Park staff.
7. I shall maintain an appearance and conduct myself in a manner complimentary to Baxter State Park.
8. I shall not use my status as a volunteer to secure access to areas of the park not accessible to others, for the purpose of obtaining material by camera, video camera, or other means to be used for commercial purposes.

Insurance: All volunteers must be 18 years of age or older to be covered under Baxter State Park volunteer program accident policy. If you have your own health insurance, you can stretch Baxter Park's limited budget by not enrolling in their accident policy program.

Do you wish to be enrolled in BSP's accident plan? Yes _____ No _____

If "no", please list name & policy number of your company: _____

SIGNATURE OF VOLUNTEER: _____ DATE: _____

APPLICATION ACCEPTED: _____ (Chief Ranger) DATE: _____

APPLICATION REJECTED: _____ DATE: _____