

**2009 BAXTER STATE PARK
INDIVIDUAL VOLUNTEER SERVICE APPLICATION - _____ NEW _____ RENEWAL**

If family/group application, please complete other side of this application)

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: () _____ Work/Cell Number:() _____

Email: _____

Emergency Contact Info: Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

Telephone Number: () _____ Cell Phone Number: () _____

Please indicate type of volunteer service, location, and dates you are available:

Location: _____ Dates: _____

TRAILS _____ CAMPGROUNDS _____ SFMA _____ OTHER _____

Check or list specific skill that could be useful to BSP:

Rough Carpentry _____ Roofing _____ Chainsaw Operation _____ Forestry _____

Boundary Work _____ Trail Maintenance _____ Other skills: _____

AGREEMENT FOR VOLUNTEER SERVICE

I UNDERSTAND THAT IF ACCEPTED AS A VOLUNTEER:

1. I will be subject to all Baxter State Park *Rules & Regulations*.
2. I will not have the status of an employee of the State of Maine.
3. I will 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 50% of the length of my stay for volunteer projects.
6. I will operate Baxter State Park vehicles and/or equipment only if I hold proper license, have specific permission from and am under the supervision of Baxter State Park staff.
7. I will maintain an appearance and conduct myself in a manner complimentary to Baxter State Park.
8. I will 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 State 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 and policy number of your company: _____

Signature of Volunteer: _____ **Date** _____

Volunteer Coordinator: _____ **Date:** _____

Accepted / Rejected: _____ **Date:** _____

Ben Woodard, Chief Ranger