

BAXTER STATE PARK

FAMILY/GROUP VOLUNTEER SERVICE APPLICATION

DATES AVAILABLE: _____ **Group/Org Name:** _____

Contact Person: _____ **Address:** _____

Phone #: _____ **Email:** _____

FAMILY/GROUP MEMBERS:

EMERGENCY CONTACT:

	NAME	DOB	NAME	PHONE #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

EDUCATION: Indicate highest level completed

	Elementary	High School	College	Major
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

	OCCUPATION	INTERESTS	HOBBIES	SPECIAL SKILLS
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

AGREEMENT FOR VOLUNTEER SERVICE

I UNDERSTAND THAT IF ACCEPTED AS A VOLUNTEER:

1. I shall be subject to all Baxter State 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 these family/group members, 18 years or older, wish to be enrolled in BSP's accident plan?

Signature of Applicant(s)	Date	Insurance(Yes or No)	If no, company name & policy #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

APPLICATION ACCEPTED: _____(Chief Ranger)DATE: _____

APPLICATION REJECTED: _____DATE: _____