STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION DOA-3009 (R082007) S. 895.46, WIS. STATS.



BUREAU OF STATE RISK MANAGEMENT 101 E. WILSON STREET, 5TH FLOOR P. O. BOX 77008 MADISON, WI 53707-1008 (608) 266-0168

Volunteer Agreement

Volunteer Name			Position Title				
Address			City		State	ZIP + 4	
Daytime Phone No.	Cell Phone No.	hone No.		Email Address			
Emergency Contact			Emergency Contact Daytime Telephone Number				
Dates of Agreement (mm/dd/ccyy) From To	Scheduled Hours/Wee varies		Schedule (e.g., every Friday, Wednesday through Saturday, varies, varies				
Volunteer Location							
Name of State Agency Kickapoo Reserve Management Board		Site/Program/Activity Kickapoo Valley Reserve					
Address S3661 State Road 131			y Farge		State WI	ZIP + 4 54639	
Volunteer Supervisor Name Jason Leis		Titl Ex	ecutive Director		Telephone Number 608-625-2960		

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

- 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.

Fither the	volunteer or	the State agency	named above ma	av cancel this agreemer	ut at any tim
citner the	volunteer or	the State agency	named above ma	iv cancei this aureemer	it at anv tin

Volunteer's Signature	Date (mm/dd/ccyy)
Authorized State Agency Representative Signature	Date (mm/dd/ccyy)