

**VOLUNTEER REGISTRATION FORM
 PATAPSCO VALLEY STATE PARK &
 SOLDIER'S DELIGHT NATURAL ENVIRONMENTAL AREA
 8020 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MD. 21043
 Phone: 410-461-5005 / Fax: 410-418-9750**

NAME: _____ PHONE: (HOME): _____

ADDRESS: _____ PHONE: (CELL): _____

CITY, STATE & ZIP _____ E-MAIL: _____

Driver's Lic. # _____ STATE: _____ Date of Birth: _____

In case of an emergency contact: _____ Phone: _____

Do you have any allergies, medical conditions, etc? _____

Where employed / student: _____ Phone: _____

Days / Hours/ Months available to volunteer (frequent / occasional / once) _____

Locations where I prefer to volunteer: All Areas____ Morgan Run____ Soldiers Delight____
 McKeldin____ Hollofield____ Hilton____ Avalon____ Scales and Tales _____

What are your interests & goals in volunteering at Patapsco Valley State Park / Scales and Tales?

List previous volunteer experience (include park, location, dates, duties: _____

List Skills / Hobbies / Interests: _____

Describe training, education, certificates, and foreign languages which would assist our volunteer efforts:

Circle which programs and volunteer positions are of interest to you: (circle all that apply)

- | | |
|--------------------------|------------------|
| Volunteer Ranger* | Scales and Tales |
| Eagle Scout | Student service |
| Volunteer Bike Patrol* | Camp host* |
| Volunteer Naturalist | Adopt-a-Trail |
| Volunteer Mounted Patrol | Group _____ |
| Other _____ | |

* indicates must be 18 years of age

Circle volunteer activities of interest to you? (circle all that apply):

- | | | |
|------------------------|--------------------------|---------------------|
| General maintenance | Control Station Staffing | Office / clerical |
| Trail maintenance | Visitor Center Staffing | Historical research |
| Hike leader | Photography | Publications |
| Serpentine Restoration | Naturalist / programming | Other _____ |
| Gardening | Special events | |

Have you had any convictions other than minor traffic violations? Yes____ No____

If yes explain: _____

Some positions require references, fingerprinting, and background checks.

Please read the following paragraphs outlining the State of Maryland's liability and medical coverage responsibility for volunteers.

Liability

Although not a compensated employee of the State, a volunteer is included in the definition of "State personnel" within the meaning of a law that protects State employees from liability. The law provides, "State personnel . . . are immune from suit in courts of the State and from liability in tort for a tortious act or omission that is within the scope of the public duties of the State personnel and is made without malice or gross negligence."¹ Thus, the State will represent and defend a volunteer sued for commission of a tortious act provided the volunteer's conduct falls within the stated limitations: the act is committed (a) within the scope of the volunteer's service, (b) without malice, and (c) without gross negligence.

Medical Insurance Coverage

A volunteer worker for a unit of State government is a covered employee under the Maryland Workers' Compensation Act; specifying that, for certain purposes, the State is the employer of a certain volunteer worker; limiting the benefits provided to a volunteer worker to medical services and treatment under Subtitle 6, Part IX for a compensable injury. Workers' Compensation claim forms must be submitted through the appropriate channels within thirty (30) days of the date of the accident/injury.

I attest that I have read, understand, and accept the above provisions for liability and medical coverage for volunteers.

Signature _____ Date _____

Parent / guardian signature if under 18 _____

Return application to: Maegan Cooper

Volunteer Coordinator

Patapsco Valley State Park

8020 Baltimore National Pike

Ellicott City, Md. 21043

Phone: 410-465-3287

Fax: 410-418-9750

TTY: 410-260-8835

Email: macooper@dnr.state.md.us

You will be contacted to verify we received your application and answer questions you may have. **COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE INTO THE VOLUNTEER PROGRAM**

We are seeking diversity in our volunteer work force. Please help us with our efforts by completing the following (optional): Male ___ Female ___; US Citizen: yes ___ no ___; Race _____



The facilities and services of the Department of Natural Resources are available to all without LOGO regard to race, color, religion, sex, sexual orientation, age, national origin, or physical or mental disability.

¹ Courts and Judicial Proceedings Article, §5-522(b). The law is known as the Maryland Tort Claims Act. See State Government Article, §12-101(a)(3) and COMAR 25.02.01.02B(8) (State personnel includes individuals not paid by State who are participating in formal volunteer program).