

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF \_\_\_\_\_ )

VOLUNTEER AGREEMENT

This Agreement is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between \_\_\_\_\_ (hereinafter referred to as Volunteer), whose current address is \_\_\_\_\_, \_\_\_\_\_, South Carolina 29\_\_\_\_, and the South Carolina Department of Natural Resources (hereinafter referred to as SCDNR), an agency of the State of South Carolina, whose principal office is located at 1000 Assembly Street, P.O. Box 167, Columbia, South Carolina 29202.

1. The purpose of this Agreement is to memorialize and outline the conditions upon which Volunteer will provide service to the SCDNR. All service provided by Volunteer shall be subject to this Agreement. This Agreement is entered into pursuant and subject to Sections 8-25-10 through 8-25-50, Code of Laws of South Carolina, 1976, as amended. The referenced Code sections specify general authority for the SCDNR to accept the services of volunteers.

2. Volunteer is authorized to provide services in connection with the following program(s) or project(s):

(a): \_\_\_\_\_ ;

(i): Location: \_\_\_\_\_ ;

(ii): DNR Coordinator: \_\_\_\_\_ ;

(b): \_\_\_\_\_ ;

(i): Location: \_\_\_\_\_ ;

(ii): DNR Coordinator: \_\_\_\_\_ ;

(c): \_\_\_\_\_ ;  
(I): Location: \_\_\_\_\_ ;  
(ii): DNR Coordinator: \_\_\_\_\_ ;  
(d): \_\_\_\_\_ ;  
(I): Location: \_\_\_\_\_ ;  
(ii): DNR Coordinator: \_\_\_\_\_ .

3. Volunteer understands and acknowledges that the providing of service to the SCDNR is strictly voluntary and that Volunteer is not an employee of the SCDNR.

4. To the extent authorized by State law, the service provided by Volunteer shall be covered by the SCDNR's liability insurance coverage as provided through the State Budget and Control Board, Division of Insurance Services, Insurance Reserve Fund.

5. Volunteer shall not be eligible for workers' compensation through the SCDNR.

6. Volunteer agrees to comply with all applicable work rules. In providing service, Volunteer will coordinate activity with the DNR Coordinator listed above for each specified program or project.

7. The SCDNR may require a volunteer to submit certain information relevant to the programs or projects in which the volunteer seeks to assist. Required information will be submitted to the appropriate SCDNR Deputy Director. For some volunteer positions, the SCDNR may undertake a background check and driving record review. Attached to this agreement as "ATTACHMENT A" is document entitled "VOLUNTEER SERVICE – DEPUTY DIRECTOR'S MEMORANDUM," which shall be attached to this agreement and be incorporated herein.

8. To qualify for reimbursement for incidental expenditures directly related to service provided to the SCDNR in an authorized program or project, Volunteer must obtain written approval from \_\_\_\_\_ prior to incurring the expenditure.

9. Volunteer acknowledges that providing service to the SCDNR carries some degree of risk of injury to person or property. By entering into this Agreement, Volunteer releases the SCDNR from any liability or responsibility in connection with any personal injury or property loss sustained by Volunteer in connection with service provided under this Agreement.

**VOLUNTEER**

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**SOUTH CAROLINA DEPARTMENT OF  
NATURAL RESOURCES APPROVAL**

DEPUTY  
DIRECTOR: \_\_\_\_\_

If the volunteer is under the age of eighteen (18) years, a parent or legal guardian must execute this form in addition to the volunteer.

**VOLUNTEER**

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN of VOLUNTEER**

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.**

ATTACHMENT A

VOLUNTEER SERVICE – DEPUTY DIRECTOR'S MEMORANDUM

To: Deputy Director For \_\_\_\_\_

From: \_\_\_\_\_

Date: \_\_\_\_\_

Re: Volunteer Services Requested For \_\_\_\_\_

---

The above named has offered to volunteer services for the following tasks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Duration of volunteer services:

\_\_\_\_\_

Age: \_\_\_\_\_ Swimming: \_\_\_\_\_

Background Check: YES / NO      Driving Record: YES / NO

Attachments