

VOLUNTEER WORK DESCRIPTION

JOB TITLE: WATER COMMISSIONER

WORK LOCATION: POT CREEK DISTRIBUTION SYSTEM

DESCRIPTION OF WORK TO BE COMPLETED (Describe duties and physical demands—use reverse side of form if necessary) REGULATE THE DISTRIBUTION OF WATER FROM POT CREEK INCLUDING OPENING AND CLOSING HEADGATES AND TAKING WATER MEASUREMENTS.

If volunteer will be operating a state vehicle, a copy of a valid Utah Driver's License must be attached.

TIME REQUIRED

Hours per day (if appropriate): AS NEEDED Days of the week (if appropriate): AS NEEDED

Total time commitment (hours, days, weeks, or months): AS NEEDED

OTHER INFORMATION (Use reverse side of form if necessary):

VOLUNTEER

- I have reviewed the description of the work to be performed and I am aware of the physical demands associated with that work.
- I agree to carry out the specified duties and work the time identified to the best of my abilities:

Gale Rasmussen
Volunteer Signature

MARCH 11, 2010
Date

Emergency Contact (Print)

Name: _____

Address: _____

Street Number

City

State

Zip

Phone Number Home: _____

Work: _____

SUPERVISOR:

Name and Title: LEE SIM, ASSISTANT STATE ENGINEER

Work Address: ~~1594 WEST NORTH TEMPLE~~ 1594 WEST NORTH TEMPLE, SALT LAKE CITY UT 84114

Work Telephone Number: 801-538-7380

Lee Sim
Supervisor Signature

MARCH 11, 2010
Date

TRAINING (Use reverse side of form if necessary):

Required Subject: *Sexual Harassment

Date Provided: _____

Required Subject: *Driving Video/Workbook (if applicable)

Date Provided: _____

Other: _____

Date Provided: _____

*Attach work book answer sheets

**DEPARTMENT OF NATURAL RESOURCES
AGREEMENT FOR VOLUNTARY SERVICES**

**SECTION ONE
(TO BE COMPLETED BY VOLUNTEER)**

NAME (Print or Type) GALE RASMUSSEN

CONTACT ADDRESS PO BOX 966
Street number

VERNAL UT 84078 435-828-2228
City State Zip Telephone

1. I have reviewed the description of work to be performed and amount of time required (see attached Work Description).
2. I agree that all of the work that I perform under this agreement will be noncompensable; except for pre-approved compensation for **actual** expenses.
3. I understand that either the Department or I may cancel ~~this~~ agreement at any time by notifying the other party.
4. I give my permission for free use of my name, voice and picture in any media coverage of my volunteer service.
5. I hereby declare, to the best of my knowledge, I am in good physical health. I also understand the activities I will be performing may be physically demanding (see attached Work Description).
6. I understand that, if I am injured or involved in an accident while ~~providing~~ volunteer services to the Department, Worker's Compensation Fund will only pay the actual and necessary medical expenses I incur in the treatment of an injury. Other expenses such as lost work time, equipment, clothing, etc., will not be covered by insurance.
7. I understand I may be subject to a criminal record check or other background investigation.

I hereby volunteer my services, as described in the Work Description, to assist the Department of Natural Resources in its authorized work.

Gale Rasmussen
Signature of Volunteer

MARCH 11, 2010
Date

Approval Signature of Parent/guardian if under 18

Date