

MINNESOTA DNR GROUP VOLUNTEER AGREEMENT & REPORT

Volunteer Organization/Group Name	Address	City		State	Zip Code	Telephone Number				
Contact Person	Address			State	Zip Code	Telephone Number				
Project Title			Project Date(s)							
Project Description (authorized duties and	restrictions)									
DNR Staff Person	Title	Division/Bureau/Progra	m Address, City	y, State, Zip		Telephone Number				
DNR Staff Notice: Some of the data collected on this form are classified as private data. Only those with a business need to know may have access to the data and it may only be used for activities related to volunteering. Data on this form may not be released to others without first consulting the Human Resources Bureau. Keep form locked in YOUR files for future reference. HARASSMENT: The Minnesota Department of Natural Resources (DNR) has adopted a statement of policy against harassment. The policy includes the procedures for reporting and resolving issues brought to										
the attention of the DNR. This policy statement			gainst narassment.	i ne policy incli	udes the procedures	for reporting and resolving issues	prougnt to			
INTELLECTUAL PROPERTY RIGHTS: All right performance of my activities with the DNR, will be acts necessary to assist the State to obtain and right made for hire" as defined in the U.S. Copyright A	e the property of the State of Milegister copyrights and patents or	nnesota and are hereby assign	ed to the State. I al	lso agree, upo	n request of the Stat	e to execute all papers and perfo				
Notice of Intent to Collect Private Data: Data subd.2; all other data about you is classified as proposed facilitate your volunteer placement. You are not and we may not be able to appropriately place you requires access; and anyone authorized by law of	rivate data. All volunteers are as legally required to provide privat ou for volunteer activities. Those	sked to provide private data, ve e data. However, if you do no	which may include you	ur address, tel we may not be	lephone numbers, en e able to contact you;	nail address, and gender, in order you may not receive important d	to locuments;			
I have read, understand, and agree on beh supervisor.	alf of my group that we will a	bide by these policies. If v	ve are unable to m	neet our com	mitment to this vo	lunteer project, I will contact	our DNR			
Volunteer Group Contact Person's Signatu	re				Date					

List of group volunteers on the back of form.

Name of Volunteer	Address	City	State	Zip Code	Telephone Number with area code	Total Hours