**Office of the Lieutenant Governor**

**Louisiana Department of Culture, Recreation & Tourism**

**Group Volunteer Registration Form**

**To be completed by the Volunteer Group Leader**

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Name of Group or Organization (official name, include chapter or other affiliate identification)

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

Name of Leader Name of Contact (if other than Leader)

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

Email Address Phone number(s) with area code

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

Address

**To be completed by the Agency’s Volunteer Services Coordinator**

Description of Services to be performed by volunteers:

Duration and frequency, including date(s) and hour(s):

Location(s):

Describe training to be provided, if any, and/or other Agency resources that will be available to volunteers:

*Completed by: Date:*

**Evaluation to be completed by the Agency’s Volunteer Services Coordinator**

In the event of a short-term volunteer engagement, this Evaluation shall be completed at the end of the engagement. In the event of a long-term volunteer engagement, this Evaluation shall be completed annually.

 *Completed by: Date:*

**Certification by Volunteer Group Leader**

As the leader and representative of the named group or organization, I agree to serve as the liaison between the Agency, the organization, and the volunteers. I certify the following:

1. I understand and will describe to the volunteers the services they will be providing. I will explain to the volunteers that there are common risks, hazards, and dangers associated with providing the volunteer services, both foreseeable and unforeseeable. Common risks inherent in such activities may include injuries and losses resulting from weather conditions, insects, theft, trips, falls, use of the equipment and supplies, other volunteers, etc.
2. I will verify that all of the volunteers are capable of performing the services and agree to assume the risks as evidenced by their signatures (or the signatures of their parents/guardians) on the *Individual Volunteer Registration and Waiver Forms*, which I will obtain and submit for each volunteer prior to service.
3. Prior to arrival, I agree to submit to the Agency a volunteer roster. To the extent possible, I will provide the total number of volunteers I anticipate, their names and ages (at a minimum an indication of whether the volunteer is a minor), any special skills or limitations, and other information that will assist the Agency prepare for the volunteers’ services.
4. I understand and will explain to the volunteers that there are Agency rules, policies, and procedures that must be adhered to, instructions that must be followed, and training that must be completed in order to volunteer for the Agency and that the Agency reserves the right to remove a volunteer from service and/or from the site for any reason.
5. I understand and will explain to the volunteers that the Agency is not responsible for transportation to the work site. The organization or the individual volunteers will be required to provide any transportation.
6. I understand and will explain to the volunteers that service will be provided without payment or benefits.
7. On behalf of the organization, I am authorized to and do hereby agree to hold harmless, release, defend and indemnify the Agency from any and all claims and liability, including attorneys’ fees, that arise from the negligence of the volunteers or the organization.

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Printed Name Signature Date