



# Group Volunteer Timesheet

PLEASE PRINT OR FILL OUT ELECTRONICALLY

Organization/Group Name	Location/Park Name	Month of Service
Group Leader	Contact Number	Email

**A. Type of volunteer service performed**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Debris/litter cleanup | <input type="checkbox"/> Invasive weed removal | <input type="checkbox"/> Interpretive Assistance |
| <input type="checkbox"/> Trail maintenance     | <input type="checkbox"/> Habitat restoration   | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> General maintenance   | <input type="checkbox"/> Gardening/landscaping |  |

Waiver and Release: By signing this sheet, I agree to RELEASE, INDEMNIFY, DEFEND, AND HOLD HARMLESS State Parks and its employees and agents from any and all claims its members or participants, or any other person might bring as a result of physical injury, including death, and/or property damage sustained from or relating to my participation in this event/activity, INCLUDING CLAIMS BASED ON NEGLIGENCE. I further agree to INDEMNIFY AND DEFEND State Parks and its employees and agents for any and all claims, including subrogation and/or derivative claims, brought by any third party or insurer, for injury or damage that I may cause related to participation in this activity. I have carefully read the foregoing Liability Release and warnings, understand their contents, and are aware that we are releasing certain rights that we may otherwise have. We agree this is a RELEASE OF LIABILITY AND AGREEMENT NOT TO SUE. I freely and voluntarily enter into this agreement.

B List the name of each person who performed service this month. Indicate the number of hours of service for each person in the column on the day the service was performed.

Day of Month - use only whole or half numbers when documenting hours (1 or .5)

	NAME & SIGNATURE (LAST, FIRST, MI)	Minor w/ Parent Consent	Day of Month																															TOTAL	
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1		<input type="checkbox"/>																																	
2		<input type="checkbox"/>																																	
3		<input type="checkbox"/>																																	
4		<input type="checkbox"/>																																	
5		<input type="checkbox"/>																																	

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CONTINUING.....

NAME & SIGNATURE (LAST, FIRST, MI)	Minor w/ Parent Consent																																TOTAL			
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
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TOTAL PAGE 2:   
 TOTAL PAGE 1 & 2: