

ATTACHMENT B

PERSONAL SERVICES /
VOLUNTEER PERSONNEL DATA SHEET



Natural Areas and Preserves _____
Preserve Location (or Statewide) County Supervisor

PRINT

Name: Last First Middle Initial

PRINT

Address: # Street Name City State Zip

() Telephone Number(s) - home/cell E-mail address

Print

Emergency Contact Name (Relationship – Spouse, etc) Telephone Number(s) – home/cell

Print

Emergency Contact Name (Relationship – Spouse, etc) Telephone Number(s) – home/cell

Date of Birth			Sex	Effective Date			Ending Date		
Month	Day	Year		Month	Day	Year	Month	Day	Year
Appointment Type (Check)				Liability			Yes	No	
1. Preserve Volunteer				Drive State Vehicle					
2. Other (Describe)				Operate Equipment					
				Workers Compensation			X		

Job Title: **VOLUNTEER** Brief Description of Duties: *(Example: Assist site manager with trail inspections, light trail maintenance, invasive species control and litter clean-up. Contact manager once a month with an update.)* _____

AUTHORITY TO RELEASE INFORMATION: I hereby authorize any authorized Representative of the Division of Natural Areas and Preserves bearing this release, or copy thereof, within two years of its date, to conduct a complete background investigation and release their findings to the Ohio Department of Natural Resources, Division of Natural Areas and Preserves. I further authorize any Authorized representative to collect background information from any police, sheriff, Bureau of Criminal Investigation, or any law enforcement agency they deem necessary. I hereby direct you to Release such information upon request by the bearer. I hereby release you, as the custodian of such Records, and any law enforcement agency, including its officers, employees, or related personnel, both individually and/or collectively from any and all liability for damages of compliance with this Authorization and request to release information, and any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated above.

Full Name (Print) _____

Full Name (Signature) _____ Date _____