

STATE OF HAWAII
DEPARTMENT OF LAND AND NATURAL RESOURCES
AGREEMENT FOR INDIVIDUAL VOLUNTARY SERVICE

Name: _____ Phone: _____

Address: _____

DURATION OF AGREEMENT: START: _____ END: _____

Start is today's date - End is one year from today (Waiver covers 1 year)

I understand that I will not receive any compensation for the above work and the volunteers are NOT considered to be employees of the State of Hawaii for any purpose other than tort claims, and I understand that volunteer service is not creditable for leave accrual or any other employee benefits. I also understand that either the State of Hawaii or I may cancel this agreement at any time by notifying the other party. I acknowledge that there are inherent risks and dangers associated with this activity and in particular have noted those risks listed below.

I understand that I will be assisting the State of Hawaii, Department of Land and Natural Resources in taking care of Hawaii's natural and cultural resources. I will be responsible for my equipment and supplies. I understand that a DLNR employee will be available to assist with logistics and communications. I will be responsible for all aspects for the actual work project, and the safe use of and proper care of hand tools including, but not limited to: machetes, saws, hand saws, hazel hoes, Pulaskis, Mcleods, pry bars, sledge hammers, bow-saws, power tools (including but not limited to: brush cutters), etc.

I am in good physical condition and will be self-sufficient while at the work project site. I have informed the State of any physical, mental, and/or medical conditions that may increase the risk of harm to me or others while engaging in the activities described in this document. I understand that I should wear footwear when working in the field. I understand that the duration of the project may be less than eight hours in length; however, in the event of inclement weather, the work day may be either shortened or extended at the discretion of the State. I further understand that work projects may occur in remote areas as well as on public or private lands where hunting activities occur and that I may not leave the trail work area without first notifying the State. I am aware that there are inherent risks and dangers associated with field work. They include but are not limited to:

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| Nighttime work | Diseases caused by water, air and animal vectors |
| Passenger in Utility-Terrain Vehicles (UTV) | Paint, fuel and oil fumes |
| Work around or near mechanical equipment | Thorny plants/dense vegetation |
| Passenger in helicopter and/or working around helicopter | Poisonous plants |
| Gusty wind | Slips, trips and falls |
| Sharp and/or slippery rocks | Lack of reliable communication |
| Stinging or biting insects and spiders | No telephones |
| Portable or no bathroom facilities | Weapons fire/gunshots |
| Steep drop-offs: Landslides | Wet and slippery roads |
| No potable (drinkable) water | Work on/in near water |
| Rugged terrain | Herbicides/Pesticides/Fungicides |
| Sharp tools | Work in a hunting area |
| Lack of medical facilities | Steep and slippery trail and river crossings |
| Wild animals | Flash floods |
| Harsh weather conditions ranging from hot and humid to wet and cold | Drowning, injury or death |

I agree to waive any and all claims against the State of Hawaii and its officers, agents, employees, or volunteers for any injury, property damage, and/or death caused by any negligence on the part of the State of Hawaii, its officers, agents, employees, and other volunteers and agree to hold harmless and to indemnify the State of Hawaii, its officers, agents, employees and other volunteers from any suits, actions, and claims arising out of or in any way connected with my activities as a volunteer or the activities of the State of Hawaii, its officers, agents, employees, or other volunteers.

I understand I am also signing on behalf of any minor that is under my care during the duration of the volunteer activity. I further agree that I will be responsible for personally supervising the minor or for making arrangements for the supervision of the minor by another responsible adult.

I hereby volunteer my services as described above, to assist the State of Hawaii, Department of Land and Natural Resources in its authorized work.

Signature of Volunteer (or Minor's guardian) Date

Minor's Name: _____

Minor's Name: _____

Minor's Name: _____

Minor's Name: _____

Minor's Name: _____

Minor's Name: _____

Minor's Name: _____

Minor's Name: _____

Minor's Name: _____

Based upon the above agreement and understanding, the State of Hawaii agrees, while this arrangement is in effect, to accept your services as a volunteer.

Mahalo for your support of Hawaii's natural and cultural resources.



Suzanne D. Case, Chairperson
Department of Land and Natural Resources