



# CALIFORNIA DEPARTMENT OF FISH AND GAME

## VOLUNTEER SERVICE AGREEMENT

NAME ( <i>First, MI, Last</i> )	S.S. NUMBER (OPTIONAL)
HOME ADDRESS	PHONE NUMBER

I know of no health limitations which may restrict my performance of assigned duties.  
 I do know of a health limitation which may restrict my performance of assigned duties. (STD 610 HQ required)

EMERGENCY NOTIFICATION:

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

I will comply with all policies, rules, regulations, directives, and instructions. I understand that I am a non-paid employee of the State Department of Fish and Game when working on an approved schedule, and will receive worker's compensation insurance coverage. I will conduct myself in accordance with those standards set forth for regular department employees. I understand and agree to the following policies and conditions:

Any training provided by the department is to assist the volunteer in performing functions and duties which are of benefit to the community and/or to the volunteer;

The volunteer will not replace any regular department employee;

The volunteer may be reimbursed for necessary allowable expenses for subsistence and travel in connection with approved volunteer services. Such reimbursement shall be in accordance with Board of Control Rules; and

If the volunteer operates a private motor vehicle as a part of their volunteer activities, they must file a certification of insurance coverage on the automobile.

NOTE: OATH OF ALLEGIANCE (STD 689) REVERSE SIDE

VOLUNTEER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

VOLUNTEER COORDINATOR SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

### EMPLOYER SECTION USE ONLY

REGION/DIVISION	SECTION	LOCATION
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VOLUNTEER WILL WORK FROM \_\_\_\_\_ (*Effective date*) THROUGH \_\_\_\_\_ (*Expiration Date*)

DUTIES (*Attach job description*)

INDICATE IF DUTIES WILL INCLUDE ANY OF THE FOLLOWING:

Travel   
  Handling of money   
  Driving a State Vehicle   
  Driving a personal Vehicle

(IF PART OF DUTIES, VEHICLE AUTHORIZATION STD. 261 REQUIRED)

DRIVER'S LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

### VOLUNTEER SERVICE AGREEMENT EXTENSION

<i>Date/Year</i>	<i>Volunteer's Signature</i>	<i>Supervisor's Signature</i>

### RESIGNATION VERIFICATION

I officially resign as a DFG Volunteer  
 VOLUNTEER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ VOLUNTEER COORDINATOR \_\_\_\_\_ DATE \_\_\_\_\_



**OATH OF ALLEGIANCE AND DECLARATION OF PERMISSION TO WORK FOR PERSONS EMPLOYED BY THE STATE OF CALIFORNIA**

STD 689 (REV. 12/84)

(COMPLETE PARTS 1 AND 3 OR PARTS 2 AND 3)

**PART 1 – OATH OF ALLEGIANCE**

**WHO MUST SIGN OATH** – As required in Section 3 of Article XX of the Constitution of California, every State employee except legally employed non-citizens must sign an oath or affirmation before he or she enters upon the duties of his or her State employment. Non-citizens are required to possess a Declaration of Permission to Work. If an alien employee becomes a naturalized citizen, an oath must then be obtained and filed.

**WHEN OATH MUST BE SIGNED** – As required in Government Code Section 3102, all public employees and all volunteers in any disaster council or emergency organization accredited by the California Emergency Council must sign an oath or affirmation before entering upon the duties of their employment. For intermittent, temporary or emergency employments, an oath or affirmation may, at the discretion of the employing agency, be effective for all successive periods of employment which commence within one calendar year from the date of the oath.

**WHERE OATHS ARE FILED** – As required in Government Code Section 3105, all oaths for public employees and all volunteers in any disaster council or emergency organization accredited by the California Emergency Council shall be filed in the official employee file within 30 days of the date the oath is executed. The oath is considered a public record.

**FAILURE TO SIGN OATH** – As stated in Government Code Section 3107, no compensation or reimbursement for expenses incurred shall be paid to any public employee or any volunteer in any disaster council or emergency organization accredited by the California Emergency Council unless such public employee has taken and subscribed to the oath or affirmation.

**PENALITIES (Government Code)**

“3108. Every Person who, while taking and subscribing to the oath or affirmation required by this chapter, states as true any material matter which he knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one nor more than 14 years.”

“3109. Every person having taken and subscribed to the oath or affirmation required by this chapter, who, while in the employ of or service with, the state or any county, city, city and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization. Political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony, and is punishable by imprisonment in the state prison.”

(TYPE OR PRINT NAME OF EMPLOYEE)

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

**PART 2 – DECLARATION OF PERMISSION TO WORK**

I am a lawful permanent resident alien of the United States.     YES     NO

If NO, please read the following:

I hereby certify that I have permission to work in this country and have declared any restrictions placed upon me in this regard by the United States government to the appointing power.

**PART 3 – SIGNATURE AND CERTIFICATION (NO FEE MAY BE CHARGED FOR ADMINISTERING)**

SIGNATURE OF EMPLOYEE		(SEAL)
STATE DEPARTMENT OR AGENCY	SUBDIVISION/UNIT	
Taken and subscribed before me this _____ Day of _____		
SIGNATURE OF AUTHORIZED OFFICIAL		
TITLE		

Oath may be administered by a person having general authority by law to administer oaths – or may be administered by the appointing power, or by a person for whom written authorization to witness oaths has been executed by the appointing power. The appointing power maintains a file of such authorization