

Maryland Department of Natural Resources (DNR)  
MD Park Service (MPS)  
**Deep Creek Lake Recreation Area**  
898 State Park Road  
Swanton, MD 21561  
**301-387-7314** Volunteer Coordinator

*Western Garrett County State Park Volunteers Inc. (WGCSPVI)*  
(Deep Creek Lake, Herrington Manor and Swallow Falls State Parks)

**VOLUNTEER REGISTRATION FORM**

Name (s): \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Times Available: \_\_\_\_\_

Email Address: \_\_\_\_\_

Time Commitment ( 3 mths; 6 mths; 1 year; Summer Only ?) \_\_\_\_\_

**EMERGENCY CONTACT PERSON:**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

Medical Conditions which may affect your abilities or that the Volunteer group should be aware of:

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

Skill area (Indicate areas of interest or skills – Check all that apply)

_____	Campground Host	_____	Public Relations
_____	Clerical/Secretarial	_____	Radio Operation
_____	Data Processing	_____	Tree Planting
_____	Maintenance (Grounds)	_____	Wood cutting, splitting
_____	Fee Collection	_____	Boating Surveys
_____	Registration	_____	Electrical
_____	Interpretation	_____	Welding
_____	Plumbing	_____	Cleaning
_____	Painting	_____	Special Projects
_____	Surveys	_____	Special Events
_____	Landscaping	_____	Other (Please List) _____

Education: \_\_\_\_\_ Junior High \_\_\_\_\_ High School \_\_\_\_\_ College

Degree: \_\_\_\_\_ Field: \_\_\_\_\_

Other Training / Licenses / Certifications: \_\_\_\_\_

Driver's License: \_\_\_\_\_  
State                      Type                      Number

List any Special Skills you would be willing to share: \_\_\_\_\_

List any / All Hobbies: \_\_\_\_\_

**\*\* I have been made aware of the nature of my volunteer assignment. I understand that I must follow the rules and regulations of the Maryland Park Service (MPS) and that failure to do so may result in the termination of my Volunteer assignment.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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**FOR AGENCY USE ONLY**

Location: \_\_\_\_\_

Beginning Date: \_\_\_\_\_

For Statistical Purposes ONLY:

- A. \_\_\_\_\_ Male                      \_\_\_\_\_ Female
- B. \_\_\_\_\_ White                      \_\_\_\_\_ Black                      \_\_\_\_\_ Asian/Pacific Islander
- \_\_\_\_\_ American Indian        \_\_\_\_\_ Hispanic                      \_\_\_\_\_ Other
- C. AGE: \_\_\_\_\_ 17 and Under        \_\_\_\_\_ 18 – 59                      \_\_\_\_\_ 60 or Over
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THIS APPLICANT IS APPROVED FOR VOLUNTEER SERVICE AND HAS BEEN INFORMED OF ALL APPLICABLE RULES & REGULATIONS.

DATE: \_\_\_\_\_

PARK PERSONNEL SIGNATURE: \_\_\_\_\_

Maryland Department of Natural Resources  
Maryland Park Service

**VOLUNTEER REGISTRATION FORM**

**VOLUNTEER NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**PHONE: (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_ **(C)** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

*Please read the following paragraphs outlining the State of Maryland's liability and medical coverage responsibility for volunteers.*

**Liability**

Although not a compensated employee of the State, a volunteer is included in the definition of "State personnel" within the meaning of a law that protects State employees from liability. The law provides, "State personnel . . . are immune from suit in courts of the State and from liability in tort for a tortious act or omission that is within the scope of the public duties of the State personnel and is made without malice or gross negligence."<sup>1</sup> Thus, the State will represent and defend a volunteer sued for commission of a tortious act provided the volunteer's conduct falls within the stated limitations: the act is committed (a) within the scope of the volunteer's service, (b) without malice, and (c) without gross negligence.

**Medical Insurance Coverage**

A volunteer worker for a unit of State government is a covered employee under the Maryland Workers' Compensation Act; specifying that, for certain purposes, the State is the employer of a certain volunteer worker; limiting the benefits provided to a volunteer worker to medical services and treatment under Subtitle 6, Part IX for a compensable injury. Workers' Compensation claim forms must be submitted through the appropriate channels within thirty (30) days of the date of the accident/injury

*I attest that I have read, understand, and accept the above provisions for liability and medical coverage for volunteers.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**If the individual is under 18 years of age:**

\_\_\_\_\_  
**Signature of Parent / Guardian**

\_\_\_\_\_  
**Date**

<sup>1</sup> Courts and Judicial Proceedings Article, §5-522(b). The law is known as the Maryland Tort Claims Act. See State Government Article, §12-101(a)(3) and COMAR 25.02.01.02B(8) (State personnel includes individuals not paid by State who are participating in formal volunteer program).