



Conservation Volunteer Agreement



Additional information, including how to apply online, is available on the DCNR Conservation Volunteer webpage at <https://dcnrvolunteers.pa.gov>, at any state park or forest district office, or by scanning the following QR code.

Volunteer Information:

Name:		Date:	
Phone:		Email (Optional):	
Event Name:		If volunteering with a group, list the name here:	

Are you 18 years of age or older (Parent or guardian must sign below if under 18)? Yes No

Emergency Contact:

Name:	Phone:
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Volunteer Agreement

1. The volunteer agrees to obtain written permission from DCNR for any proposed activity, project, or other volunteer task.
2. This form is only valid for the day of the scheduled volunteer activity. Volunteers wishing to regularly engage in volunteer work must complete an online application (valid for one calendar year) or complete this paper agreement each time they volunteer.
3. The project will become the property of DCNR.
4. Volunteers are treated as employees of DCNR for purposes of automotive and general liability and workers' compensation coverage.
5. Volunteers with a valid driver's license may be permitted by DCNR to operate a Commonwealth vehicle.
6. DCNR reserves the right to remove or revoke volunteer status at any time.

Workers' Compensation Agreement

REMEMBER: It is Important to Tell Your Employer about Your Injury

The Pennsylvania Workers' Compensation Act provides wage loss and medical benefits to employees who cannot work and/or who need medical care as a result of a work-related injury. You should immediately report any injury or work-related illness to your employer. Your workers' compensation benefits could be delayed or denied if you do not notify your employer immediately.

The Commonwealth of Pennsylvania is self-insured for workers' compensation and pays all benefits through a third-party claims administrator. The third-party claims administrator is:

Inservco Insurance Services, Inc.
P.O. Box 3899
Harrisburg, PA 17105-3899
1.800.356.0438 or 717.230.8300

Your workers' compensation coordinator is located within your agency human resources office and is available to assist with any questions you have about workers' compensation. This person is:

Work-Related Injury Supervisor
PA Office of Administration
9th Floor Keystone Building
400 North Street
Harrisburg, PA 17120
717.787.8191

The entity responsible for the Workers' Compensation Act is:

Department of Labor and Industry
Bureau of Workers' Compensation
651 Boas Street, 8th Floor
Harrisburg, PA 17121
717.783.5421
<https://www.pa.gov/agencies/dli>

Auxiliary aids and services are available upon request to individuals with disabilities.



Rights and Duties Agreement

NOTIFICATION TO EMPLOYEES OF THEIR RIGHTS AND DUTIES UNDER THE PA. WORKERS' COMPENSATION ACT SECTION 306 (f.1)(1)(i)

The Pennsylvania Workers' Compensation Act requires that employees be given written notice of their rights and duties under Sec. 306 (f.1)(1)(i) of the Act if a list of designated health care providers is established by the employer.

You must acknowledge this with your signature and return it to your employer. You may keep a copy for your records.

Rights and Duties

As an employee of the commonwealth working at a location where a list of designated health care providers has been established and posted, you have the right to seek emergency medical treatment from any provider; for post-emergency and other injuries, you must obtain treatment for work-related injuries and illnesses from a designated health care provider for 90 days. The penalty for not using a designated health care provider is that the commonwealth is not liable for the medical bills incurred. Specific rights and duties are:

The duty to obtain treatment for work-related injuries and illnesses from one or more of the designated health care providers for 90 days from the date of the first visit to a designated provider.

- The right to seek emergency medical treatment from any provider, but subsequent non-emergency treatment shall be by a designated provider for the remainder of the 90-day period.
- The right to have all reasonable medical supplies and treatment related to the injury paid for by your employer as long as treatment is obtained from a designated provider during the 90-day period.
- The right, during this 90-day period, to switch from one designated health care provider to another designated provider.
- The right to seek treatment from a provider if you are referred to that provider by a designated provider.
- The right to an additional opinion from a provider of your choice when invasive surgery is prescribed by the designated provider.
- The right to seek treatment or medical consultation from a non-designated provider during the 90-day period, but the services shall be at your expense for the applicable 90 days.
- The right to seek treatment from any health care provider after the 90-day period has ended.
- The duty to notify your employer of treatment by a non-designated provider (after the 90-day period) within 5 days of the first visit to that provider. The employer may not be required to pay for treatment rendered by a non-designated provider prior to receiving this notification.

Scan the QR code to view full text of Workers' Compensation Act Section 306:



Signatures:

By signing below, I certify that I have received, read, understood, and agree with the information provided in the above Conservation Volunteer Agreement, Workers' Compensation Agreement, and Rights and Duties Agreement. In fulfilling my volunteer duties, I will be required to comply with all regulations of the Department of Conservation and Natural Resources.

By signing below, I give consent to DCNR employees, volunteers, and contractors to capture my image in photographs, videos, recordings, or other media. I grant DCNR permission to copyright, display, publish, distribute, use, modify, and publish such images in any manner related to DCNR business, including publications, advertisements, brochures, website images, social media, or other electronic displays.

Volunteer Name **Signature** **Date**

Parent or Guardian Name (if under 18) **Signature** **Date**