



## APPLICATION TO BECOME A CONSERVATION VOLUNTEER

Additional information is available on the DCNR web site at <http://www.dcnr.state.pa.us/cons/> or at any state park/forest office. When complete, please return this form to the nearest DCNR office or mail it to: DCNR Conservation Volunteer, PO Box 8767, Harrisburg, PA 17105-8767. *Thank you for your interest in volunteering with DCNR!*

### STEP 1 – Complete items 1 and 2.

A. Please select one from the list below:

- I would like to volunteer as an Individual (*skip STEP 2 only*):

First name, MI, & Last name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_ Email address: \_\_\_\_\_

- My family would like to volunteer (*please complete STEP 2*):

Number of Family Members: \_\_\_\_\_ Contact: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_ Email address: \_\_\_\_\_

- My Organization would like to volunteer (*please complete STEP 2*):

Organization's name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_ Email address: \_\_\_\_\_

B. Location, areas of interest, availability, and skills/experiences

Volunteer locations(s) – check all that apply and list the location name, park or forest name, or county name where you are interested in volunteering:

State Park(s) \_\_\_\_\_

State Forest (s) \_\_\_\_\_

Topographic & Geologic Survey \_\_\_\_\_

Other \_\_\_\_\_

Interests (*check all that apply*):

Trails/Wildlife Habitat

Maintenance

Campground Host

Snowmobile Safety Training Instructor

ATV Safety Training Instructor

Forest Stewardship Program

Interpretation/Environmental Education

Technical and Engineering

Forest Fire Prevention and Protection

General

Research

Topographic & Geologic Survey

Availability:  Spring  Summer  Fall  Winter  
(*check all that apply*)  Weekends  Weekdays

Optional: List any skills, expertise, or experiences that could be pertinent to the volunteer program:

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**STEP 2 – Complete only if volunteering as a family or a group/organization.**

- Organization Type:     Individual/Family     School/College     Youth     Community  
                                   Service     Environmental     Business     Religious  
                                   Professional     Recreational     Military  
                                   Other \_\_\_\_\_

List names of family members or group/organization members who will be participating in the volunteer project. Birthdates and parent/guardian signatures are required for members under the age of 18. Use additional page if additional space is required.

<u>Name (if under 18)</u>	<u>Birthdate (if under 18)</u>	<u>Parent/guardian signature</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**STEP 3**

**Part I. AGREEMENT**

*1. Project Description/Requirements:*

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2. The organization will provide DCNR with names of its volunteers.
  3. Parental or guardian consent is required for volunteers under 18 years of age.
  4. The project will become the property of DCNR.
  5. Volunteers are treated as employees of DCNR for purposes of automotive and general liability and workers' compensation coverage.
  6. Volunteers with a valid driver's license may be permitted by DCNR to operate a Commonwealth vehicle.
  7.  If box is checked, the volunteer agrees to perform the job duties listed in the attached document.
  8. Either party may cancel this agreement at any time.

**Part II. Signatures** (for families and organizations, one or more persons may sign on behalf of the group):

Individual(s) (if 18 years or older) **or** parent/guardian (if individual is under 18):

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

**Part III: DCNR Office Use**

Conservation Volunteer Coordinator: _____	Date: _____
Start Date: _____	End Date: _____
Comments: _____	

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

The Pennsylvania Workers' Compensation Act requires that employees be given written notification 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. Below are your rights and duties under Sec. 306 (f.1)(1)(i) and an acknowledgment signature line. This acknowledgment, signed by you, is to be returned to your employer.

A brief summary: 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 your employer is not liable for the medical bills incurred.

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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 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.

I acknowledge that I have been informed of my rights and duties  
under Sec. 306 (f.1)(1)(i) and that I understand them  
to the extent that they are explained above.

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Print Name

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Employee Signature

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Date

**See reverse for a complete text of Section 306 (f.1)(1)(i)**  
If you have any questions, ask your human resources office representative or call  
The Bureau of Workers' Compensation at 1-800-482-2383

**PENNSYLVANIA WORKERS' COMPENSATION ACT**  
**SECTION 306 (f.1)(1)(i)**

The employer shall provide payment in accordance with this section for reasonable surgical and medical services, services rendered by physicians or other health care providers, including an additional opinion when invasive surgery may be necessary, medicines and supplies, as and when needed. Provided an employer establishes a list of at least six designated health care providers, no more than four of whom may be a coordinated care organization and no fewer than three of whom shall be physicians, the employee shall be required to visit one of the physicians or other health care providers so designated and shall continue to visit the same or another designated physician or health care provider for a period of ninety (90) days from the date of the first visit: provided, however, that the employer shall not include on the list a physician or other health care provider who is employed, owned or controlled by the employer or the employer's insurer unless employment, ownership or control is disclosed on the list. Should invasive surgery for an employee be prescribed by a physician or other health care provider so designated by the employer, the employee shall be permitted to receive an additional opinion from any health care provider of the employee's own choice. If the additional opinion differs from the opinion provided by the physician or health care provider so designated by the employer, the employee shall determine which course of treatment to follow: provided, that the second opinion provides a specific and detailed course of treatment. If the employee chooses to follow the procedures designated in the second opinion, such procedures shall be performed by one of the physicians or other health care providers so designated by the employer for a period of ninety (90) days from the date of the visit to the physician or other health care provider of the employee's own choice. Should the employee not comply with the foregoing, the employer will be relieved from liability for the payment for the services rendered during such applicable period. It shall be the duty of the employer to provide a clearly written notification of the employee's rights and duties under this section to the employee. The employer shall further ensure that the employee has been informed and that he understands these rights and duties. This duty shall be evidenced only by the employee's written acknowledgment of having been informed and having understood his rights and duties. Any failure of the employer to provide and evidence such notification shall relieve the employee from any notification duty owed, notwithstanding any provision of this act to the contrary, and the employer shall remain liable for all rendered treatment. Subsequent treatment may be provided by any health care provider of the employee's own choice. Any employee who, next following termination of the applicable period, is provided treatment from a nondesignated health care provider shall notify the employer within five (5) days of the first visit to said health care provider. Failure to so notify the employer will relieve the employer from liability for the payment for the services rendered prior to appropriate notice if such services are determined pursuant to paragraph (6) to have been unreasonable or unnecessary.