

ATTACHMENT G

**SOUTH DAKOTA
VOLUNTEER WORK AGREEMENT**

I, _____ agree to perform the duties and responsibilities of the volunteer position mutually agreed to by myself and the South Dakota Department of Agriculture, Environment and Natural Resources, Game, Fish and Parks, Military and Veterans Affairs, Public Safety or other department. In this position, I am working for that Department through the auspices of Civil Air Patrol, under the Department of Military and Veterans' Affairs (SDCL 50-3-3).

I understand that my services are voluntary, that I will not be compensated and that volunteer workers are provided worker's compensation coverage. I also understand that I will be covered by the same terms and conditions applicable to state employees according to the liability coverage program for public entities while performing volunteer activities.

This agreement may be canceled at any time by notification to either party.

I have read the above agreement, understand it and agree to serve as a volunteer aircrew member or emergency responder within South Dakota state boundaries as required from 1 January 2008 through 31 December 2008.

Volunteer signature

Date

Supervisor signature

Commander, CAP

Date

VOLUNTEER INFORMATION SHEET

(Complete a Separate Sheet for Each Volunteer)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Social Sec. No.: _____

Department: Military & Veterans Affairs -- Div./Off.: SDWG-CAP

Work Site/Location: within South Dakota state boundaries as required

Position: Aircrew or Emergency Responder

Dates of Service: Start--1 January 2008 End--31 December 2008

Approximate hours per week: Variable

Supervisor's Name and Title: _____ COMMANDER, CAP

Supervisor's Telephone #: _____

AUTHORIZATION:

Supervisor Signature Commander, CAP _____
Date

Supervisor Signature _____
Date

Department Secretary _____
Date

COMPLETE THIS DOCUMENT AND FORWARD APPROVED COPY TO:

HUMAN RESOURCES MANAGER, 500 EAST CAPITOL, PIERRE, SD 57501-5070.