

STATE OF MAINE  
DEPARTMENT OF INLAND FISHERIES AND WILDLIFE  
WILDLIFE RESOURCE ASSESSMENT SECTION (WRAS)  
106 HOGAN ROAD, SUITE 1  
BANGOR, ME 04401  
PHONE: (207) 941-4597

Before completing this online form, please make sure you have the latest version of Adobe Acrobat Reader.  
To download a free version, please visit: <https://get.adobe.com/reader/>.

### VOLUNTEER ASSIGNMENT AGREEMENT

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

If organization, Name of Organization: \_\_\_\_\_

Name of Organizational Contact: \_\_\_\_\_ # of people: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*\*\*\*\*

#### **PROJECT DESCRIPTION:**

Project Title: Heron Observation Network

Project Supervisor: Danielle E. D'Auria

Project Location: Statewide

Date of Volunteer Service from: 2021 to: 2025

#### General Description of the Project:

The Heron Observation Network of Maine is a citizen science adopt-a-colony program in which volunteers monitor great blue heron colonies throughout the state and record information regarding the number of active nests each spring. Volunteers observe one or more wading bird colonies up to 5 times between May 1st and August 31st. Observations are made from a distance that does not cause disturbance to the birds (approximately 200 m). At a minimum, the location of the colony and the number of active nests are recorded. Colony inactivity is noted as well.

How many hours do you anticipate the volunteer will commit to this project?  
Variable.

#### Necessary skills include:

The ability to identify colonial wading birds by sight, observe nesting birds without causing disturbance, and report observations to MDIFW at the close of the breeding season (by September 15th).

**VOLUNTEER ASSIGNMENT AGREEMENT (continued)**

**INSURANCE:** (see Insurance Information Sheet for Volunteers on the next page for more information)

All volunteers must be 14 years of age or older to be enrolled in WRAS's Accident Insurance Policy. If a volunteer has his or her own health insurance, there is no age limitation on enrolling in this policy.

Are you 14 years old or older?      YES      NO

Volunteers and interns must be covered by their own or WRAS's Accident Insurance Policy.

Do you wish to be enrolled in WRAS's Accident Plan?      YES      NO

If "no", please list name of your Insurance Company: \_\_\_\_\_

All volunteers and interns are furnished with personal liability insurance through the State of Maine's **Risk Management Division, #85 State House Station, Augusta, ME 04333-0085. 1-800-525-1252**

In case of emergency, notify: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Relationship (mother, father, friend): \_\_\_\_\_

*If an Organization wishes to be insured, they must provide the name, address, and social security # of each person to be insured. Please attach the list.*

I understand the volunteers and interns:

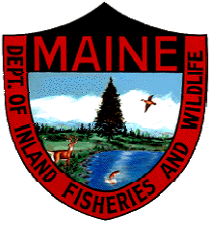
- Are not considered to be employees of the State of Maine.
- Will operate agency vehicles or equipment only if they hold a proper license and have specific permission from the agency person administering their volunteer project.
- May include volunteer hours as work experience when applying for positions with the State of Maine.

I have read this Volunteer Assignment Agreement and understand my duties and that of the cooperating agency. It is understood that this Agreement may be canceled in writing by either party at any time.

I understand by checking this box I am electronically signing this form and certify the information entered is accurate.

\_\_\_\_\_  
Date

**Once you have completed this form, please email it to the project coordinator at [danielle.dauria@maine.gov](mailto:danielle.dauria@maine.gov).**



STATE OF MAINE  
DEPARTMENT OF INLAND FISHERIES AND WILDLIFE  
WILDLIFE RESOURCE ASSESSMENT SECTION (WRAS)  
106 HOGAN ROAD, SUITE 1  
BANGOR, ME 04401  
PHONE: (207) 941-4597

## Insurance Information Sheet for Volunteers

**ACCIDENT INSURANCE** – The Wildlife Resource Assessment Section (WRAS) will provide accident insurance to volunteers and interns 14 years old and older who participate in WRAS projects.

Volunteers may sign up for accident insurance when completing the Volunteer Assignment Agreement (VAA) Form.

- The accident insurance provides coverage to a volunteer in case of an accident related to their volunteer work. (The volunteer work for each project is described in the Project Description section.)
- The volunteer will be covered for the time period specified in the Project Description section of the VAA Form, which they complete with the sponsoring agency when signing up for a specific project.
- The accident insurance is not health insurance. The accident insurance covers volunteers only in the case of an accident related to the volunteer work.
- The maximum benefit amount for medical expenses is \$10,000.00 per accident.

**LIABILITY INSURANCE** – All WRAS volunteers are provided with liability insurance while participating in a WRAS volunteer project.

- Liability insurance provides coverage to a volunteer so the volunteer is not personally liable if their actions, while volunteering, cause an accident which harms an individual or causes property damage.
- The State's liability insurance covers to a maximum amount of \$400,000.00
- The liability insurance covers the volunteer while the individual is working on the project described in the Project Description section of the Volunteer Assignment Agreement. The volunteer will be covered for the time period specified on the VAA Form.

**REPORTING ACCIDENTS** – If a WRAS volunteer is hurt or involved in an accident:

- As soon as possible, notify the Project Supervisor, Danielle D'Auria, at 207-485-8386.
- If the Project Supervisor IS UNAVAILABLE, and there has been a serious ACCIDENT CAUSING SEVERE INJURY, please report the accident to the Risk Management Division at 1-800-525-1252.
- The Medical Claim Questionnaire needs to be completed for each claim. Please photocopy form as needed, but always on green paper. Send a photocopy to the Risk Management Division.
- If possible, please check the Insurance section of the volunteer's Assignment Agreement Form you have on file to determine if the volunteer had selected accident coverage.
- Explain to Risk Management, the person is a WRAS volunteer who is or is not enrolled in WRAS's Accident Insurance Policy.