



# Iowa Department of Natural Resources Volunteer Log

Event Location: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Event Description: \_\_\_\_\_

Organizer Name: \_\_\_\_\_ Organizer Phone #: \_\_\_\_\_

Group Name (if applicable): \_\_\_\_\_ Organizer Email: \_\_\_\_\_

**ALL PARTICIPANTS MUST SIGN A VOLUNTEER WAIVER FORM BEFORE PARTICIPATING.**

All children under 18 must be accompanied by a parent/legal guardian or authorized adult companion.

\*\*Please note: Your personal information will not be shared. It will be used for internal DNR record-keeping purposes only.

(Please print)

Name of volunteer	Volunteer (Gen= General Volunteer, FG= Friends Group, CGH= Campground Host)	Hours	Waiver on file?
	<input type="checkbox"/> Gen <input type="checkbox"/> FG <input type="checkbox"/> CGH		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Gen <input type="checkbox"/> FG <input type="checkbox"/> CGH		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Gen <input type="checkbox"/> FG <input type="checkbox"/> CGH		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Gen <input type="checkbox"/> FG <input type="checkbox"/> CGH		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Gen <input type="checkbox"/> FG <input type="checkbox"/> CGH		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Gen <input type="checkbox"/> FG <input type="checkbox"/> CGH		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Gen <input type="checkbox"/> FG <input type="checkbox"/> CGH		<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Gen <input type="checkbox"/> FG <input type="checkbox"/> CGH		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Gen <input type="checkbox"/> FG <input type="checkbox"/> CGH		<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Gen <input type="checkbox"/> FG <input type="checkbox"/> CGH		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Gen <input type="checkbox"/> FG <input type="checkbox"/> CGH		<input type="checkbox"/> Yes <input type="checkbox"/> No