



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
	<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
	<input type="checkbox"/> Gen <input type="checkbox"/> FG <input type="checkbox"/> CGH		<input type="checkbox"/> Yes <input type="checkbox"/> No