



**AGENDA
CITY OF LAUREL
PARK BOARD
THURSDAY, OCTOBER 07, 2021
5:30 PM
COUNCIL CONFERENCE ROOM**

Public Input: *Citizens may address the committee regarding any item of business that is not on the agenda. The duration for an individual speaking under Public Input is limited to three minutes. While all comments are welcome, the committee will not take action on any item not on the agenda.*

General Items

1. Approve Park Board Minutes from September 2, 2021.

New Business

2. Walking Path at Lion Park

Old Business

3. Jaycee Hall Update
4. Website for Rental Reservations
5. Kids Kingdom Update
6. Riverside Park Campground Update

Other Items

Announcements

7. Next Park Board Meeting is scheduled for November 4, 2021.

The City makes reasonable accommodations for any known disability that may interfere with a person's ability to participate in this meeting. Persons needing accommodation must notify the City Clerk's Office to make needed arrangements. To make your request known, please call 406-628-7431, Ext. 2, or write to City Clerk, PO Box 10, Laurel, MT 59044, or present your request at City Hall, 115 West First Street, Laurel, Montana.

DATES TO REMEMBER

File Attachments for Item:

1. Approve Park Board Minutes from September 2, 2021.

September 2, 2021

Laurel Park Board Meeting

Started 5:30 PM by Scot Stokes with Jon Rutt, Evan Bruce, Phyllis Bromgard, Richard Herr and Irv Wilke.

No Public Comment

New Business:

Minutes from the Aug 5 meeting. Richard motioned, Phyllis 2nd and approved.

Old Business:

Riverside Park Update - Irv did get materials on a FWP Camp Host. That information attached to minutes.

Info on Website - Gavin Williams will be invited to next meeting to look at website.

Lion's Park Update - Senior Citizen Group is worried about bicyclists on the new walkway around Lion's Park

Jaycee hall Update – None

Other Items:


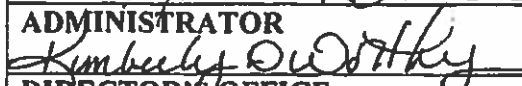
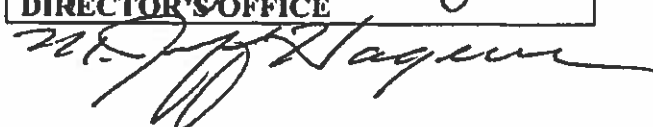
Rob Gray was present to update the board on the status of Kid's Kingdom. \$130,000 has been raised and the group is ordering the equipment for installation this year. Weather permitting.

Rotary Club has formed up the pads for two benches in city parks.

Meeting adjourned at 6:00

Jon Rutt

**POLICY
MONTANA FISH, WILDLIFE & PARKS**

DATE ISSUED 2-11-2016	DATE REVISED	DATE RETIRED
APPROVAL SIGNATURES/DATES		
LEGAL  2/9/16		
ADMINISTRATOR 		
DIRECTOR'S OFFICE 		

TITLE: Background Checks

SUBJECT

Subject: Background Check completion requirements for FWP employees, AmeriCorps members and volunteers.

Background checks provide an important form of due diligence in the selection process for Montana Fish, Wildlife and Parks (department) employees and volunteers. Background checks serve to protect the health, safety and welfare of department employees, customers, and visitors; help ensure the protection of department monies, property and sensitive information; serve to reduce the department's exposure to liability; and enhance the department's integrity and the public's overall trust in the department.

RELATED STATUTES/ADMINISTRATIVE RULES

Sensitive positions subject to recurring, unsupervised access to vulnerable populations:

- The National Child Protection Act of 1993 (NCPA), Public Law (Pub. L.) 103-209, as amended by the Volunteers for Children Act (VCA).
- Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c - authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.
- Montana Criminal Justice Information Act of 1979, MCA 44-4-101, 102, 103.

Sensitive positions that use information technology to access sensitive criminal history data:

- MCA 44-5-405. Personnel.
- Montana Criminal Justice Information Act of 1979, MCA 44-4-101, 102, 103.

Sensitive positions require collecting fees, handling monies, and/or managing property or merchandise inventory:

- Montana Criminal Justice Information Act of 1979, MCA 44-4-101, 102, 103.

POST Certified Peace Officers, including Wardens and Criminal Investigators:

- Montana Criminal Justice Information Act of 1979, MCA 44-4-101, 102, 103.
- MCA 7-32-303. Peace officer employment, education, and certification standards.
- Montana Police Officers Standards and Training (POST) policy.

Positions classified in executive, managerial or professional categories

- Montana Criminal Justice Information Act of 1979, MCA 44-4-101, 102, 103.

Positions subject to operating a state vehicle or personal vehicle for state business:

- ARM 2.6.205 DRIVER REQUIREMENTS.
- Department Motor Vehicle Use Policy.

Criminal History Check Requirements for AmeriCorps State/National, Senior Companions, Foster Grandparents, the Retired and Senior Volunteer Program, and Other National Service Programs; Final Rule

- 45 CFR Parts 2510, 2522, 2540, 2551, and 2552

GENERAL INFORMATION

This policy ensures compliance with department background check requirements for employees and volunteers.

POLICY OVERVIEW

All department employees and volunteers working in sensitive positions or with vulnerable populations will be subject to background checks in accordance with the following requirements and standards.

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Definitions

Contingent Employment Offer – is an offer of employment based on the satisfactory completion of the mandatory criminal background check.

Driving Record - an individual's record of convictions for motor vehicle offenses maintained by the department of motor vehicles in the state where the individual holds a valid driver's license.

Grant Covered Individual - Any individual who receives a Corporation grant funded living allowance, stipend, national service education award, or salary for participation in or employment by a program. This includes employees whose positions and salaries are supported in part or in whole by the Corporation grant, either as the Corporation share or the grantee share.

Hiring Authority – the person responsible for making the decision to hire, promote, and/or transfer a department employee.

National Service Criminal History Check (NSCHC) - Specific guidelines established for background checks that are required of grantees receiving federal funds from the Corporation for National and Community Service. (AmeriCorps)

Recurring Access – the ability on more than one occasion to approach, observe, or communicate with an individual, through physical proximity or other means, including but not limited to electronic or telephonic communication (45 CFR 2510.20). Access that is not a regular, scheduled, or anticipated component of an individual's position description is considered "episodic" and is not considered recurring.

Sensitive Position – a paid or volunteer position with a job profile that includes one or more of the following duties:

- Service as a commissioned Montana POST certified Peace Officer
- Unsupervised, recurring access to vulnerable populations
- Handling of monies, collecting fees, and/or managing property inventory.
- Application of information technology to access to confidential or sensitive criminal justice information.

Substantial Relationship – the direct correlation between an employee's duties as outlined in their job profile and the subject of their criminal conviction. Example: A theft conviction and a job profile that requires fee collection and handling.

Unsupervised – not accompanied by (1) an authorized program representative who has previously been cleared for access to vulnerable populations, (2) a family member or legal guardian of the vulnerable individual, or (3) an individual authorized by the nature of his or her profession to have recurring access to the vulnerable individual, such as an educator

Vulnerable Populations – includes children under the age of 17; persons age 60 or older; or individuals with disabilities.

Western Identification Network (WIN) - a cooperative interstate criminal history record sharing program that includes Montana, Alaska, Idaho, Nevada, Oregon, Utah, Washington, and Wyoming.

POLICY

All department employees and volunteers working in sensitive positions or with vulnerable populations will be subject to background checks in accordance with the following requirements and standards:

- 1) Background check requirements may be authorized by statute and must be approved by Human Resources.
- 2) The type and scope of background checks will be based on the following categories:
 - Category 1 - POST Certified Peace Officers, including Game Wardens, State Park Wardens and Criminal Investigators
 - Category 2 - Positions that use information technology to access sensitive criminal history data
 - Category 3 - Positions subject to recurring, unsupervised access to vulnerable populations
 - Category 4 - Positions that require collecting fees, handling monies, and/or managing property inventory
 - Category 5 - Positions classified in the executive, managerial, or professional categories
 - Category 6 - Positions subject to operating a state vehicle or personal vehicle for state business
- 3) Human Resources shall identify the appropriate background check category for each classified position. See Appendix C.
- 4) Background check requirements must be disclosed in all department vacancy announcements.
- 5) All applicants subject to an FBI fingerprint based background check must be provided a written copy of their noncriminal justice applicant's privacy rights. See Appendix B.
- 6) Background check results will be used for employment suitability purposes only and will not be retained or disseminated in violation of state or federal statute, regulation, executive order, rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. Limited personnel at the department will have access to this information, at the discretion of the Human Resources Manager and all records will be properly secured.
- 7) A previous conviction does not automatically disqualify an applicant from consideration for employment with the Department. If requested, and as required by law, the department will provide applicants or employees with a copy of background check results for review and possible challenge.

AmeriCorps

- The NSCHC must be initiated before an AmeriCorps member begins their term of service. Favorable results of the National Sex Offender Public Website (NSOPW) check are required before an individual may begin work or start their service.
- Favorable results of the NSOPW and either a state or FBI criminal history check must be obtained before the member may have recurring access to vulnerable populations, without being in the physical presence of (1) an authorized grantee representative who has previously been cleared for such access; (2) a family member or legal guardian of the vulnerable individual; or (3) an individual authorized by the nature of his or her profession to have recurring access to the vulnerable individual, such as an education or medical professional.
- The NSCHC must be initiated before a staff member in a grant covered position engages in activities chargeable to the grant. Favorable results of the nationwide NSOPW check are required before an individual may engage in activities chargeable to the grant. Favorable results of the NSOPW and either a state or FBI criminal history check must be obtained before the staff member may have recurring access to vulnerable populations.
- If a returning AmeriCorps member that previously served a term with Montana State Parks AmeriCorps or a staff member in an AmeriCorps grant covered individual has a break in service of more than 120 days a new National Community Service Criminal History Check must be completed.

Application Procedures

Department posted vacancy announcements may include standardized supplemental questions related to the applicant's background. See Appendix F.

Pre-Hiring Procedures

Applicants for paid and/or volunteer positions conditionally selected for designated positions will be subject to the following background check requirements and procedures:

- 1) Required to sign a Release & Disclosure Statement authorizing the department to conduct a criminal history background check. Failure to sign the authorization will result in disqualification for the hiring process. See Appendix A.
- 2) The hiring authority is responsible for working with Human Resources to ensure that the appropriate type and scope of background checks are conducted on the top candidate as identified in Appendix D.
- 3) The hiring authority will make a contingent employment offer based on successful completion of a criminal background check and finding of suitability.
- 4) Upon the conditional offer of employment, the hiring authority will instruct the applicant to go to the Montana Department of Justice or other applicable agency designated by HR to complete their required background check.

Post-Hiring Procedures

- 1) The successful applicant may enter on duty and shall be notified in writing that continued employment is contingent on a successful background check and suitability determination.

Current Employee Procedures

- 1) Current employees subject to internal reassignment and/or reclassification into a new job profile will be subject to the appropriate type and scope of background checks as identified in Appendix D.
- 2) Updated Background Checks will be conducted by Human Resources periodically on a set schedule determined by Human Resources for current employees working in sensitive positions.
- 3) The Human Resources Office will maintain background check records in a confidential and secure manner and monitor employee records to ensure submission of timely background check updates. Access to these files will be determined at the discretion of the Human Resources Manager.

Suitability Determination

Human Resources will take the following actions following receipt of the background check results:

- 1) If a successful (positive) check is received from the Department of Justice (or other reputable agency), the hiring authority will be notified to proceed in the hiring process.
- 2) The results of a background check may result in disqualification from the hiring process.
- 3) If it is determined that the criteria for disqualification is met, the applicant will be informed of their disqualification by letter through the Human Resources Office.

Pending Cases

Anyone who has been charged with or is under indictment or for cases pending in court should not be permitted to begin work until their case is officially adjudicated and a suitability determination is completed.

Appendix A

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

Updated 9/9/2013

Appendix B

Applicant Rights and Consent to Fingerprint

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification⁸ by Montana Department of Fish, Wildlife & Parks that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.⁹

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.¹⁰

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency.

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at dojitsdpublicrecords@mt.gov or 406-444-3625.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency.

Signed:

Name

Date

⁸ Written notification includes electronic notification, but excludes oral notification.

⁹ See 28 CFR 50.12(b).

¹⁰ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

In accordance with federal law regarding notices and disclosures, MT Dept of Justice requires the entity to which you are applying to work or volunteer to use this form.

Form number APR&CF 20170213

NCPA/VCA Applicants

To _____:

You have applied for employment with, will be working in a volunteer position with, or will be providing vendor or contractor services to Montana Department of Fish, Wildlife & Parks for the position of (please be specific) _____ with _____ as my supervisor.

The National Child Protection Act of 1993 (NCPA), Public Law (Pub. L.) 103-209, as amended by the Volunteers for Children Act (VCA), Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

1. Provide your name, address, and date of birth, as appears on a document made or issued by or under the authority of the United States Government, a State, political subdivision of a State, a foreign government, a political subdivision of a foreign government, an international governmental or an international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals. 18 U.S.C. §1028(D)(2).
2. Provide a certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.
3. Prior to the completion of the background check, the entity may choose to deny you unsupervised access to a person to whom the entity provides care.

The entity shall access and review State and Federal criminal history records and shall make reasonable efforts to make a determination whether you have been convicted of, or are under pending indictment for, a crime that bears upon your fitness and shall convey that determination to the qualified entity. The entity shall make reasonable efforts to respond to the inquiry within 15 business days.

Your Name: _____
First Middle Maiden Last

Date of Birth: _____

Address: _____

City State Zip

☐ I have been convicted of, or am under pending indictment for, the following crimes (include the dates, location/jurisdiction, circumstances and outcome):

☐ I have not been convicted of, nor am I under pending indictment for, any crimes

☐ I authorize Montana Department of Justice, Criminal Records and Identification Services Section to disseminate criminal history record information to the Montana Department of Fish, Wildlife & Parks.

Signature of Applicant

Date

In accordance with federal law regarding notices and disclosures, MT Dept of Justice requires the entity to which you are applying to work or volunteer to use this form.

Form number APR&CF 20170213

Appendix C

POSITIONS DESIGNATED FOR BACKGROUND CHECKS

Sensitive Position Category	Designated Positions						
	Finance Division Title (Job Code)	Fisheries Division Title (Job Code)	Parks Division Title (Job Code)	Wildlife Division Title (Job Code)	Enforcement Division Title (Job Code)	Communication & Education Division (Job Code)	HR, Regional Department Management & Legal Divisions (Job Code)
Category 1: Montana POST Certified Peace Officer Positions			<ul style="list-style-type: none"> State Park Warden (333315) 		<ul style="list-style-type: none"> Wardens (333315) Warden Sergeant (331916) Warden Captain (331936) Crime Investigator (333216) 		
Category 2: Positions with access to the Criminal Justice Information Network (CJIN)	<ul style="list-style-type: none"> Operations Manager (CIO) (111218) Computer Information Manager (113217, 113218) Computer Application Engineer (151336) Computer Programmer (151216) Computer Supervisor (151116, 151117) Computer Systems Analyst (151516) 				<ul style="list-style-type: none"> Admin Support (431214) 		

<p>Category 3: Positions with recurring, unsupervised access to vulnerable populations, including AmeriCorps site supervisors</p>	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Prog Spec 5/FAS Coord (131235) • Fish Culture Spec 5 (191225) • Fish Culture Spec 6 (191226) • Fish Biologist 6 (191236) • Conservation Tech 4 (194954) • Conservation Tech 5 (194955) • Conservation Tech 3 (194953) • Conservation Tech 2 (194952) • Conservation Aide 2 (339954) • Park Ranger (339954) • Groundskeeper 2 (373112) • Maintenance Worker 2 (499412) • Maintenance Worker 3 (499413) • Maintenance Worker 4 (499414) • Maintenance Worker 5 (499415) • Volunteer FAS Hosts 	<ul style="list-style-type: none"> • Parks Mgmt. Specialist II (131955) • Parks Ranger (339955) • Parks Ranger (339954) • Tour Guide (396212) • Groundskeeper (373112) • Maintenance Worker 2 (499412) • Maintenance Worker 4 (499414) • Maintenance Worker (499415) • Mechanic (499415) • Maintenance Supv (491115) • Volunteer Campground Hosts • Volunteer Tour Guides • Volunteer Naturalists 	<ul style="list-style-type: none"> • Prog Spec/Block Mgmt (131235) • Wildlife Biologist 6 (1912136) • Conservation Tech 4 (194954) • Conservation Tech 5 (194955) • Conservation Tech 3 (194953) • Conservation Aide 2 (194952) • Groundskeeper (373112) • Maintenance Worker 2 (499412) • Maintenance Worker 4 (499414) • Maintenance Worker Foreman (499415) 	<ul style="list-style-type: none"> • Program Specialist (131236) 	<ul style="list-style-type: none"> • Program Manager (111916) • Education Program Adm (119317) • Instructional Coordinator (259316) 	
<p>Category 4: Positions that handle monies, collect fees and/or manage property or merchandise</p>	<ul style="list-style-type: none"> • Accountant (132115, 132116) • Accounting Clerk/Tech (43313, 43314) 	<ul style="list-style-type: none"> • Environ Science Spec 7 (191157) • Fish Culture Spec 5 (191225) 	<ul style="list-style-type: none"> • Budget Analyst (132315) • Administrative Clerk (439612) • Administrative Assistant 3 (436113) 		<ul style="list-style-type: none"> • Budget Analyst (132315) • Admin Support (431214) • Administrative Assistant (436113) 	<ul style="list-style-type: none"> • Administrative Assistant (436113) • Editor (273416) 	<ul style="list-style-type: none"> • Administrative Clerk (439612) • Administrative Assistant 3 (436113)

Inventory	<ul style="list-style-type: none"> • Admin Assistant (436113) • Admin Specialist (131915, 131916) • Auditor (131135) • Budget Analyst (132315, 132316) • Financial Operations Mgr (113317) • Financial Operations Sup/Mgr (132996) • Purchasing Agent (131215) • Payroll Tech (433514) • Operations Research Analyst (152315) • Warehouse Worker (537633) 	<ul style="list-style-type: none"> • Fish Biologist 7 (191237) • Science Prog Sup/Mgr (192017) 	<ul style="list-style-type: none"> • Administrative Assistant 4 (436114) • Visitor Center Volunteers • Enterprise Sales Volunteers 				<ul style="list-style-type: none"> • Administrative Assistant 4 (436114) •
Category 5: Executive, managerial & professional category positions	<ul style="list-style-type: none"> • Operations Manager 111218) • Business Operations Sup (131996) • Financial Examiner (132617) • Mechanic Mntc Sup/Mgr (491115) • Program Manager 	<ul style="list-style-type: none"> • Operations Manager (111218) • Resource Con Mgr (119737) • Program Spec 6 (131236) • Operations Research Analyst (152315) • Plant Science Spec (191156) 	<ul style="list-style-type: none"> • Operations Manager (111218) • Operations Manager (111217) • Program Manager (111916) • Program Specialist (131236) • Planner (193516) • Resource Conservation 	<ul style="list-style-type: none"> • Operations Manager (111218) 	<ul style="list-style-type: none"> • Operations Manager (111218) • Operations Manager (111217) 	<ul style="list-style-type: none"> • Operations Manager (111218) 	<ul style="list-style-type: none"> • Lawyer (23117) • Chief Legal Council (231118) • Human Resources Manager (113417) • Human Resources Specialist (131776) • Administrative Support Supervisor (431215) • Operations Manager (111217)

	(111917)	<ul style="list-style-type: none"> • Water Conservation Spec 7 (191317) • Environ Science Spec 6 (192416) • Statistician 6 (152416) 	Mgr (119737)					
Category 6: All department positions that require the operation of a motor vehicle	<ul style="list-style-type: none"> • All positions not listed above 	<ul style="list-style-type: none"> • All positions not listed above 	<ul style="list-style-type: none"> • All positions not listed above 	<ul style="list-style-type: none"> • All positions not listed above. 	<ul style="list-style-type: none"> • All positions not listed above 	<ul style="list-style-type: none"> • All positions not listed above 	<ul style="list-style-type: none"> • All positions not listed above 	<ul style="list-style-type: none"> • All positions not listed above

APPENDIX D
BACKGROUND CHECK REQUIREMENTS
Montana Department of Fish, Wildlife and Parks

	Type of Background Check					
	Federal (FBI) Fingerprint-based Check	Montana & WIN Fingerprint-based Check	National Sex Offender Registry (online)	Montana Sex & Violent Offender Registry (online)	Driving Record Check (7)	Moral Character References (8)
Category 1: Montana POST certified Peace Officer positions, including FWP Game Wardens, Criminal Investigators, State Park Wardens	✓		✓	✓	✓	✓
Category 2: Information Technology Services Bureau or Enforcement Bureau positions with access to the Criminal Justice Information Network (CJIN)	✓		✓	✓	✓	
Category 3: Positions with recurring, unsupervised access to vulnerable populations	✓		✓	✓	✓	
Category 4: Positions that handle monies, collect fees and/or manage property or merchandise inventory		✓	✓	✓	✓	
Category 5: Executive, Managerial & Professional Level Positions		✓	✓	✓	✓	
Category 6: All department positions that require the operation of a motor vehicle (2)					✓	



Campground Host Handbook

Welcome to Montana State Parks!
Thank you for the gift of your time and talent and

CONGRATULATIONS!

Reasons to volunteer in Montana State Parks:

- Meet new people and build relationships
- Be an environmental steward
- Learn about the parks and what they protect
- Improve health
- Spend time amongst Montana's natural and cultural beauty
- Enhance work and volunteer experience

You are beginning a wonderful journey helping preserve, protect and promote the many features of Montana State Parks!

You are not alone on this journey-you are joining others, like yourself, who have a particular skills, talent or interest in helping Montana State Parks.

The thousands of hours that are volunteered help us better provide the missions of visitors to Montana State Parks with the very best in recreational, environmental, cultural and historical opportunities.

We hope that you will find your work fun, relaxing, stimulating, and educational as you get to know more about Montana State Park's mission, its resources, its employees, and the public it serves.

As you begin your work with us, remember that the managers, rangers,

and supervisors consider you to be an essential part of their park team. Their expectations of you are high. Perform your work efficiently, treat our visitors with care, and communicate with your staff regularly.

At the same time, you can expect your time with us to be used wisely, to be treated fairly, be trained effectively for any job you are asked to do, and be given regular feed-



back from the staff on the work you are performing.

Please take some time to explore and enjoy the many wonders to be found in our Montana State Parks and let the park staff or me know if you have any questions or comments on any part of your work..

Again, please accept our sincere thanks for your help. Welcome aboard!





Out-of-state residents can purchase a Nonresident Entrance Pass which allows free entrance on an unlimited number of visits and discounted camping fees for a year. A pass costs \$35. The State Park Entrance Pass is valid for one year from month of issue. You can purchase a pass through the Montana Fish, Wildlife & Parks Online Licensing Service, or at any FWP office



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Quality Service Pledge



Montana State Parks very clearly understands the value and necessity of Quality Customer Service. In addition to the visiting public, Quality Customer Service standards and guidelines should be exercised towards all we come in contact with, including Park Staff and our fellow volunteers.

1. I pledge to make my first priority our visitors and keep in mind **visitors are the reason we are here!**
2. When Visitors approach me, I will greet them sincerely and

pleasantly. I will smile and make them feel welcome.

3. I will thank all visitors and make them realize they are valued.
4. I will do my best to present a professional, well-groomed personal appearance.
5. I will participate in monitoring and maintaining a clean and orderly park.
6. I will strive to create a positive impression of my park in the eyes of all who visit, one that I take pride in presenting.
7. When faced with a visi-

tor confrontation, I will attempt to handle the situation in a calm, professional manner, displaying genuine concern for the visitor.

8. I will be responsible in handling all inquiries and communications with visitors.
9. I will use common sense and offer flexibility in my schedule in order to provide Quality Customer Service at all times.
10. I will adhere to all Quality Service standards and guidelines.



Volunteers with Montana State Parks can expect:

1. To be treated as a state parks team member.
2. To receive a suitable assignment with consideration for your personal preference, temperament, life experience, and interests.
3. Relevant training, orientation.
4. The supplies and equipment needed so you can perform your duties safely and successfully.
5. To learn about relevant Montana State Parks including its mission, policies, and programs.
6. Sound guidance and direction from a supervisor and staff who are experienced, well informed, patient, and thoughtful.
7. An orderly, designated place to work.
8. A variety of experiences.
9. To be heard, to have a part in planning, and to feel free to make suggestions.
- 10.
11. To have respect shown for an honest opinion.
12. Recognition and expressions of appreciation.
13. To say "NO" to some volunteer requests.

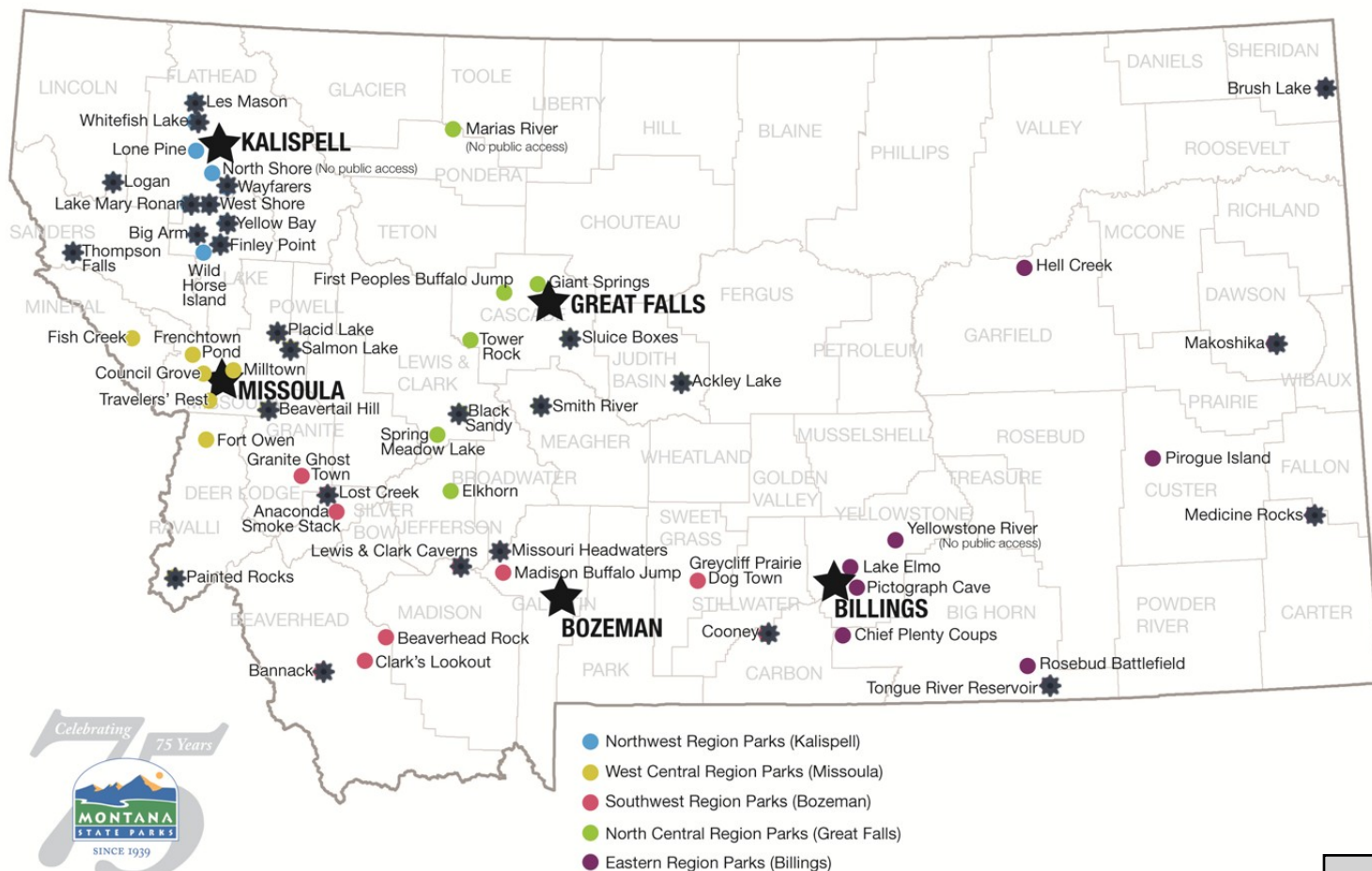


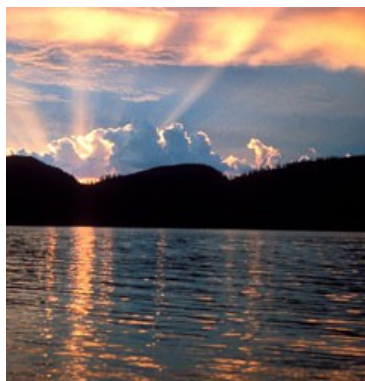
Volunteer Responsibilities

Volunteers with Montana State Parks have Responsibility to:

1. Carry duties out promptly and reliably.
2. Participate in orientation and training programs.
3. Show up at your scheduled time on the days that you have agreed to be there and to stay as long as you have committed to stay. Notify your supervisor early enough that a substitute can be located.
4. Come to an agreement with park/program staff on job duties and put it in writing on a Campground Host Service Agreement
5. Carry out your job as described, to ask for help if you need it, to ask for information if you need to know something.
6. Track volunteer time contributed.
7. Make your supervisor aware of problems or any suggestions.
8. Follow all Park procedures, laws and regulations.
9. Comply with the expectations set forth by your supervisor including dress code, decorum, customer service standards, etc.
10. Select an assignment that you are physically capable of performing and to let your supervisor know if you feel uncomfortable with any job that you are asked to do.
11. Learn about and uphold the agency's policies, programs and people. Use reasonable judgment in making decisions when there appears to be no policy and, as soon as possible, to consult with your supervisor.

Montana State Parks





Whitefish Lake State Park

*Bring the family to camp
and play on the beach.*

*Boating, swimming,
water-skiing and fishing
are popular activities on
this lake with beautiful
mountain views.*



Yellow Bay State Park

Come to the heart of the famous Montana
sweet cherry orchards, where blossoms color
the hillsides during the spring.

Northwest Region - Kalispell

Campground Name

Big Arm

Finley Point

Lake Mary Ronan

Les Mason

Logan

Thompson Falls

Wayfarers

West Shore

Whitefish Lake

Yellow Bay



Salmon Lake State Park

Enjoy one of the most beautiful lakes in the Clearwater River chain. Bring your family and friends to camp, fish, picnic, and enjoy water sports and the scenery.

West Central Region - Missoula

Campground Name	Campground	Maintenance	Administrative	Special Events	User Fees
Beavertail Hill	*	*	*	*	*
Painted Rock	*	*	*	*	*
Placid Lake	*	*	*	*	*
Salmon Lake	*	*	*	*	*

Spend the night under the stars in a tent or a tipi and by day enjoy the beautiful nature trail.

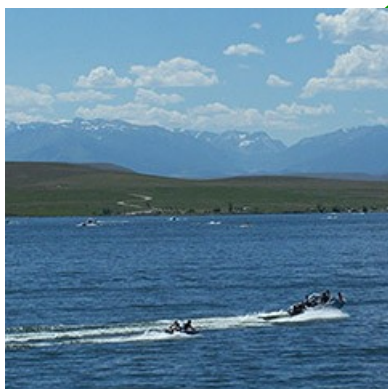


Beavertail Hill State Park



Painted Rocks State Park

Enjoy the remote pine-forest setting, a great get-away for a weekend of camping, fishing and relaxation.



Cooney State Park

Visit the most popular recreation area serving south central Montana featuring excellent walleye and rainbow trout fishing, boating, water-skiing and scenic mountain views.

Southwest Region—Bozeman

Campgrounds Name
Bannack
Cooney
Lewis & Clark Caverns
Missouri Headwaters

Camp, hike and experience amazing geologic wonders at Montana's first and best-known state park showcase of one of the most highly decorated limestone caverns in the Northwest.



Lewis & Clark Caverns State Park



Missouri Headwaters State Park

Camp where Lewis and Clark stayed in 1805. This park encompasses the confluence of the Jefferson, Madison and Gallatin Rivers.



Ackley Lake State Park

See the beautiful mountain views and rich agricultural land that inspired legendary Western artist, Charlie Russell, a hundred years ago.

Experience a multi-day float trip on the Smith River if you are lucky enough to draw a permit in the annual lottery. Noted for its spectacular scenery and renowned trout fishing, the Smith River is unique with only one public put-in and take-out site for the entire 59 miles..



Smith River State Park



Sluice Boxes State Park

Bring your camera to this rugged area of pristine beauty and see the remains of mines, a railroad, and historic cabins lining Belt Creek as it winds through a beautiful canyon carved in limestone.

	C a m p g r o u n d	M a i n t e n a n c e	A d m i n i s t r a t i v e	S p e c i a l E v e n t s	U s e r F e e s
Campground Name					
Ackley Lake	*	*	*	*	*
Black Sandy	*	*	*	*	*
Sluice Boxes	*	*	*	*	*
Smith River	*	*	*	*	*



Makoshika State Park

Walk a real dinosaur trail. Montana's largest state park features badland formations and the fossil remains of Tyrannosaurus Rex, Triceratops and more. You'll find a visitor center at the park entrance with interpretive exhibits great for kids.

Visit this deep, clear lake with white, sandy beaches surrounded by grass fields, ideal for swimming and wildlife viewing, boating and waterskiing.



Brush Lake State Park



Medicine Rocks State Park

Enjoy photography, hiking and wildlife viewing at Medicine Rocks. As the name implies it was a place of "big medicine" where Indian hunting parties gathered.

Eastern Region-Billings	
Campgrounds	
Brush Lake	
Makoshika	
Medicine Rocks	
Tongue River	

SECTION I:

VOLUNTEER HOST

Function, Duties and Responsibilities

*The Benefits of Being a
Campground Host*

- * *Renewable volunteer agreements*
- * *Campsite and utility fee waived*
- * *Uniform*
- * *Admission into all Montana parks after 50 service hours*
- * *Discount on merchandise in park stores*
- * *An opportunity to be a part of your community in a special way*
- * *Recognition for a job well done*
- * *Opportunities for personal and professional growth*
- * *Opportunities to gain work experience*
- * *An opportunity to meet people*

The Parks Division encourages the use of volunteers as Campground Hosts at all parks with campgrounds. Campground Hosts must comply with all State Laws, Administrative Rules, and Parks Division Policies & Procedures.

Hospitality is the most important function of Campground Hosts. Campground Hosts contribute their services with the goal of assuring visitors a comfortable enjoyable stay and enhance the quality of their outdoor recreation experience

DESCRIPTION

- A. A Campground Host is a volunteer who provides basic operational services and information to the visiting public. Campground Hosts reside temporarily in a recreational vehicle or trailer in a park campground (Camp Host), day-use area (Volunteer Host) or other designated location.
- B. Campground Host duties vary by park location. All Campground Hosts duties are defined within the Campground Host Volunteer Service Agreement.
- C. The Number of Campground Hosts operating in a park is a decision made by the park with consideration given to practical needs for service within the park and availability of possible Campground Host sites.
- D. The scheduled season for use of Campground Hosts is deter-

mined by the Park Manager.

E. All Campground Hosts, regardless of assignment, are representatives of Montana State Parks, and as such their behavior both on and off duty is subject to the highest standards.

F. All Campground Hosts are to be courteous and helpful in all interactions with visitors, staff and volunteers.

REQUIREMENTS

- A. Campground Hosts must be a minimum of 18 years of age and provide their own RV, motor home or approved camping equipment.
- B. Campground Hosts must be eligible to work in the United States.
- C. Campground Hosts must complete all requirements to be a Montana State Parks Volunteer, including completion of a Volunteer Application, successful completion of criminal background screening and selection process.
- D. Must provide proof of valid insurance for the RV or motor home.

SERVICE TERMS

- A. Service terms for the season are determined by the park manager. Typically a service term will include the period between May and September each year.
- B. Campground Hosts serve under the provision detailing the requirements and expectations of the assignment in a Campground Host Agreement.

SECTION I:

VOLUNTEER HOST

Function, Duties and Responsibilities

- C. Campground Host assignments are temporary and are scheduled to help meet the needs of the park and visitors.
- D. Campground Host Agreements for subsequent seasons may be renewed at the park managers discretion.
- E. Exceptions to the minimum or maximum time periods must be approved by the Regional and Park Managers.

SCHEDULING

- A. Campground Hosts provide service based on a mutually agreed upon schedule. Campground Hosts services are based on their parks' needs, including weekends and holidays.
- B. A minimum of 24 hours per person for couples or 32 hours per week for individuals is to be contributed by the Campground Host. Exceptions to Minimum hours must be approved by the Park Manager.
- C. The weekly schedule for Campground Host on-duty and off-duty hours will be developed by the park manager or designee and made available for relevant staff members to reference.
- D. Outside jobs cannot interfere with the Campground Hosts scheduled service.
- E. Campground Hosts notify and coordinate time away from the Campground Host site during the hosting commitment with park staff.
- F. Campground Hosts are responsible for recording and reporting their weekly hours.

EXPECTATIONS: regardless of position all Campground Hosts are expected to:

- A. Demonstrate mutual respect toward others;
- B. Observe applicable rules, regulations, instructions, procedures, and directives of the organization as detailed in the Campground Host Service Agreement. Comply with all park regulations and state, county, and city laws while residing in the park.
- C. Be courteous and helpful in all interactions with visitors, staff and fellow volunteers, regardless of assignment;

- D. Maintain a neat and orderly campsite at all times;
- E. Wear the approved Campground Host uniform and maintain a neat appearance;
- F. Complete regular duties as assigned and trained for and follow any reasonable instructions that may be given;
- G. Refrain from any conduct that would adversely reflect on the park and not engage in any activity which is incompatible with the aims and objectives of the Program;
- H. Recognize that needs in the parks may change and be flexible towards adjusting schedules and additional duties as mutually agreed upon;
- I. Be observant at all times, reporting on infractions and providing informational, non-law enforcement advice to campers;
- J. Not to perform law enforcement duties. Any violations or emergencies observed by Campground Hosts or park visitors should be reported using appropriate methods of communication (contacting park staff, rangers, calling 911, etc.);
- K. Refuse personal gifts and gratuities;
- L. Advise park staff and decline to participate in any undertaking for which you are not confident or qualified to perform;
- M. Provide immediate notice in case of illness or other circumstances that might prevent you from completing the Campground Host commitment;
- N. Complete the evaluation questionnaire at the end of my assignment;

SECTION 2:

Volunteer Host Agreement

ORIENTATION, TRAINING and MEETINGS

A. Orientation

The Park Manager (PM) will ensure the Campground Host receives orientation to the site, including:

- Park and local area orientation
- Park rules and regulations, local laws, park policies
- Visitor accessibility, and accessible features and facilities of the park
- Campground Hosts are required to attend Park Orientation.

B. Training

Park staff in the direct service area for the Campground Host will provide position specific training including:

- Park operations,
- Specific Campground Host Position duties,
- Safety training and risk management,
- How to deal with emergencies,
- How to deal with difficult people,
- Use of state vehicles and property,
- Use of communication equipment.

Campground Hosts may also receive specific trainings and Customer Service Training.

Campground Hosts are encouraged to attend First Aid and CPR Training offered by the Division.

UNIFORMS and APPEARANCE

A. Campground Hosts are responsible for presenting a favorable image to visitors.

Campground Hosts will be issued Division approved uniforms.

Campground Hosts uniforms should be clean, unaltered and in good repair.

Name tags, and at least one other uniform part, must be worn at all times while on duty.

Uniforms should not be worn outside of the

assigned park unless on official business which has been approved by the Park Manager.

Personal hygiene should be appropriate and demonstrate a wholesome appearance. Similarly, uncommon or extreme jewelry, makeup, hairstyles, and strong perfume or cologne may be subject to approval by your supervisor.

Campground Hosts may not wear the standard Division employee or seasonal uniform.

A. Behaviors as extension of Uniform

- B. Campground Hosts will be looked to as an example of appropriate behavior, therefore everything Campground Hosts do will reflect upon you and your fellow employees as well as the Park and ultimately, Montana State Parks.
- C. Campground Hosts attitude, maturity, and demeanor were important factors in your selection to be a Campground Host.
- D. Violation of any laws, sexual harassment, drug or alcohol abuse, dishonesty, fighting, poor public relations, and using obscene language are absolutely forbidden.

CAMPSITE CARE AND APPEARANCE

- A. Campground Hosts provide their own camping equipment, and personal items.
- B. It is the responsibility of the Park Manager to select the site and facilities to be used by the Campground Host.
- C. Campground Hosts receive their campsite at no charge. The sites will include electric, water and sewage hookup, as available at the campground.
- D. Campground Hosts shall maintain and

SECTION 2:

Volunteer Host Agreement

- keep the premises clean and sanitary and in good repair.
- E. Upon vacating the Campground Host site, the Campground Host shall return the premises to a condition similar to that which existed at the start of occupancy, except for ordinary wear and tear.
- F. The Campground Host will immediately notify Park staff of any defects or dangerous conditions in and about the premises once the Campground Host becomes aware of them.
- G. The front door of Campground Host's residential vehicle must be accessible to the public and free of obstructions and potential tripping hazards.
- H. The Campground Host must remove all personal property when vacating the site. Any items left behind after leaving will be removed immediately by Park staff.
- E. The Division also prohibits the following amenities:
 - F. Permanent structures
 - G. Clotheslines or ropes tied or nailed to trees
 - H. Bird feeders
 - I. Yard art, lawn ornaments, and wind chimes
 - J. Excessive outdoor lighting
 - K. Other items that distract from the park image
 - L. Damage to the Site—The Campground Host shall reimburse the Division for the cost of any repairs to the premises damaged by Campground Host household members, guests, or invitees through misuse or neglect.
 - M. Visitors to Campground Host's Campsite
 - N. Guest visits and length of stay must not interfere with the Campground Host's duties.
 - O. The only people who may reside on the Campground Host campsite overnight include immediate family.
 - P. No visitor should stay at the campsite for more than 7 days who is not listed on the Campground Host's application.

Repairs or Alterations

- A. The Campground Host shall not make any repairs or alternations to the site except as authorized by the Park Manager, including use of satellite dishes or antennas.
- B. Campground Hosts shall maintain their belongings and grounds surrounding their site in a condition that is attractive and safe.
- C. Personal property will be stored out of sight of the public or other residents, except as determined to be appropriate by the Park Manager.
- D. Awnings, synthetic turf, and small amounts of outdoor furniture may be permitted outside of the Campground Host's RV or trailer. Campground Hosts shall not conduct private residential activities, including gardening and personal property storage, on or near the site, excepting potted plants.

EQUIPMENT USE

- A. Campground Hosts will have access to appropriate park tools and equipment to do their work.
- B. Each Park will determine the manner in which tools and equipment are assigned and returned for the Campground Host use.
- C. Use of Park Golf carts/Utility vehicles is governed by the Campground Host Golf Cart/Utility Vehicle policy and is limited to:
- D. Assigned Campground Host positions based on position work requirements
- E. May only be used for official Park business and only operated by Division approved Authorized Volunteer Drivers or employees.
- F. Golf Cart/Utility Vehicles may not be used for personal business such as transport of park visitors, Campground Host personal business, including laundry, or unauthorized campsite to worksite travel, which will be considered vehi-

SECTION 2:

Volunteer Host Agreement

cle misuse.

DRIVING STATE VEHICLES

- A. No vehicle—golf cart, gator, truck, mower or tractor—may be operated by any person who has not completed the Vehicle Use Agreement . Vehicles may only be operated after receiving authorization by the park manager.
- B. Use of park Golf carts/Utility vehicles is limited to:
 - C. Assigned Campground Host positions based on position work requirements
 - D. May only be used for official Park business and only operated by Division approved Authorized Volunteer Drivers or employees.
 - E. No State owned vehicle may be used for transport of campground host friends relatives or acquaintances, personal business, including laundry, or unauthorized campsite to worksite travel, which will be considered vehicle misuse.
 - F. State owned vehicles may not be used to transport park visitors in non— emergencies.

PERSONAL PROPERTY

1. Campground Hosts are discouraged from using personal property or equipment while conducting state business. Should any personal property such as a vehicle, computers, binoculars, cameras, flashlights, and bicycles be lost, damaged or stolen while being used on state business, the state cannot be held liable.
2. Campground Hosts shall not borrow state equipment for personal use. Such unauthorized use of state owned equipment may result in the Campground Host's termination.
3. Campground Hosts are discouraged from using personal funds for conducting state business, and are responsible for any personal costs incurred while serving as a Campground Host.

PROPERTY DAMAGE

1. If a Campground Host damages state property, equipment or tools in the course of their assigned duties, the responsibility for damages, replacement, and repairs are the same as for state employees.
2. If a Campground Host damages their own personal property, equipment, or tools, even if they are using them in the course of their assigned duties, the responsibility for damages, replacement, and repairs is the Campground Host's responsibility.
3. Campground Hosts should use agency owned equipment and property in their work, rather than using their own personal property.
4. Campground Hosts personal belongings are not covered. It is necessary for volunteers to carry their own insurance to cover damage to personal belongings (RV's, tents, golf carts, automobiles) from natural disasters, such as storms, ice, fire, flooding, high winds, etc.

REPORTING

1. Campground Hosts are required to record and report weekly service hours.
2. Depending on Campground Host Position, additional service related activity reports may be required as determined by the Campground Host Park Manager and as specified during the position training.

INJURIES/ACCIDENT REPORTING

1. At the time of an injury/accident, volunteers must notify their Park Manager.
2. The Park Managers or designee will complete and file an accident report.

COMMERCIAL ACTIVITY/HOME BASED BUSINESS

1. Home based occupations and/or commercial activities by a Campground Host or other occupant of a Campground Host site must be approved by the Park Manager prior to the start of activities.

SECTION 2:

Volunteer Host Agreement

2. Such activities shall comply with Federal and state laws, including the Montana Code.
3. Home based occupations may be prohibited when the activity adversely:
4. Compromises the integrity of a cultural resource area;
5. Affects a sensitive resource management area; or
6. Disturbs, endangers or interferes with park operations, park visitors, volunteers or neighbors.
7. Any home based occupations or commercial venture conducted at the Campground Host residence shall conform to the following:
 8. The business shall be carried on wholly indoors within the Campground Host's residence,
 9. The business activities may include retail trade to park campers or visitors,
 10. The business must be operated by a member of the household authorized to occupy the site,
 11. There shall be no use of window displays or other advertising visible outside the premises to attract customers or clients. Business signs shall not be displayed on state park property or facilities,
 12. Hosts shall not use the park mailing address or post office box for business purposes,
 13. There shall not be the creation of noise, odors, smoke or other nuisances to a greater degree than normal for the campground in which the site is located,
 14. The business shall not generate pedestrian or vehicular traffic, including deliveries,
 15. There shall be no exterior storage of materials, supplies, products, tools or equipment.
- B. End of Service Term:
 1. Campground Hosts staying beyond the 3 month agreement term will receive an evaluation at 2 months and a decision to extend their term at that time.
 2. Notification of this decision will be provided to the Campground Hosts.
 3. Campground Hosts extending their term will review the Agreement with the PM and have a new end date implemented.
 4. Campground Hosts not extended, will have their departure date confirmed.
- C. Dismissal
 1. Montana State Parks reserves the right, in its sole discretion, to terminate a volunteer without cause or for the park's convenience at any time. This being said, we will always endeavor in good faith to consider the circumstances leading to the termination.
 2. The park staff also has the right to ask a volunteer to leave the park immediately and follow up with written notification of the termination at a later date.
 3. Terminated Campground Hosts are no longer considered enrolled in the program, and are no longer considered Campground Hosts. As such, they cease to have access to benefits provided by the Campground Host programming, including their current campsite.
 4. Hosts terminated from the program will have a maximum of 24 hours to vacate the park.
 5. Grounds for dismissal include, but are not limited to:
 - A. Failure to comply with Division policies or items contained within this Campground Host agreement or the Campground Host Manual;
 - B. Failure to fulfill service commitments;
 - C. Inefficiency, incompetence, or negligence in the performance of duties;
 - D. Physical or mental incapacity for performing assigned duties, if NO reasonable ac-

DEPARTURE

- A. Completion of Term:
 1. Evaluations may be completed by the Campground Host and the PM as frequently as desired but must be done at the completion of the agreed upon assignment.
 2. The PM will conduct an Exit Interview with the Campground Host.
 3. The PM will discuss return placement with the departing Campground Host.

SECTION 2:

Volunteer Host Agreement

commodation can be made for the disabling condition;

- E. Refusal to accept a reasonable and proper assignment from an authorized supervisor;
- F. Careless, negligent, or improper use of unlawful conversion or use of state property, equipment, or funds, including internet and email;
- G. Possessing or using any illegal drugs or alcohol during the term of service;
- H. Criminal arrest or conviction that occurs during the term of service;
- I. Insubordination or conduct unbecoming a Montana State Parks volunteer or conduct detrimental to good order and discipline in the Division;
- J. Reporting for a volunteer assignment under the influence of alcohol or drugs;
- K. Illegal, violent, unsafe, or disruptive behavior;
- L. Abuse or mistreatment of the public, staff, or other volunteers;
- M. Releasing confidential information;
- N. Unwillingness to support and further the mission of the park;
- O. Discontinuation of project/program or reduced need for volunteer work.

Taxation

- A. All of Montana State Park Campground Host positions are volunteer positions. There is no exchange of money or program reimbursements for Campground Hosts serving in our parks. Campground Hosts are volunteers and are subject to all Division volunteer policies and procedures, and those detailed in this manual.
- B. Montana State Parks considers it a requirement and a benefit of volunteering for Campground Hosts to receive a campsite and utilities during their stay. As such, the value of the site is not considered a wage or form of income and no subsequent filing for tax purposes will be provided to Campground Hosts.

TORT LIABILITY

- A. The Division will not represent volunteers in legal suits.
- B. Montana Code, _____
- C. Protects volunteers and limits their liability in the following way:
- D. No volunteer of an organization shall be subject to suit directly, derivatively or by way of contribution for any civil damages under the laws of Montana resulting from any negligent act or omission performed during or in connection with an activity of such organization.
- E. This section goes on to make the following exceptions:
 - F. If injury is caused by the volunteer as a result of driving a vehicle, than the damages recovered “shall not exceed the limits of applicable insurance coverage maintained”.
 - G. It also allows that the immunity granted in subsection (B) shall not extend to any act or omission constituting willful and wanton or grossly negligent conduct.
- H. It is also supported by the Volunteer Protection Act of 1997 which prohibits punitive damages against a volunteer.

VOLUNTEER WORKPLACE POLICIES

While VOLUNTEERS ARE NOT CONSIDERED EMPLOYEES, it is the Volunteer Policy of Montana State Parks that provisions in Division Policy established for employees are extended and applicable to volunteers as well. Behavior by volunteers and towards volunteers must adhere to that contained in this policy.

Complete listings of these policies are available from the Park Manager.

POLICY: STANDARDS OF VOLUNTEER CONDUCT

SECTION 2:

Volunteer Host Agreement

Courtesy, friendliness, and a spirit of helpfulness are important and guide the Department's dealings with staff members—paid and unpaid, and with our visitors. The Montana State Parks Volunteer Policy on conduct is based on the Department's policy. It adheres to the same principles of conduct required for employees.

POLICY

It is expected that all Montana State Parks staff members—paid and unpaid—practice courtesy, respect, tact and consideration in their conduct and communication with fellow workers and the public. It is mandatory that all staff members show maximum respect to every other person in a business context so that all enjoy a positive, respectful and productive work environment, free from disparaging remarks about religion, ethnicity, sexual preferences, appearance and other non-work related matters and free from behavior, actions, or language constituting workplace harassment or intimidation.

REFERENCE: Montana State Parks
Administrative Policies and Procedures

POLICY: DRUG/ALCOHOL USE

It is the policy of Montana State Parks to maintain a drug-free workplace. Alcohol/drug abuse in the workplace has many detrimental effects on any organization, its employees, and its volunteers. Alcohol/drug abuse impacts morale, lowers productivity, causes safety violations, and increases health care costs. The Division is committed to maintaining a work environment free from illegal drugs and alcohol and other drugs.

REFERENCE: Montana State Parks
Administrative Policies and Procedures

SMOKING

It is the policy of Montana State Parks to provide a healthful, comfortable, and productive work environment. In accordance with Executive Order No. _____, the Department imple-

mented a policy to conform with this order. Montana State Parks Volunteer Program adheres to this policy:

NO SMOKING

Tobacco use shall be prohibited in the following areas:

- A. Within any building or facility owned or managed by the Division.
- B. Within any building space rented by the Division.
- C. In state-owned passenger and work vehicles except specific vehicles as designated by the Administrator. No vehicles used to transport the general public on a regular basis shall be designated as a smoking vehicle. All designated smoking vehicles shall be clearly marked as such, and "No Smoking" signs shall be placed in non-smoking vehicles. In the absence of marking or posting, all vehicles are assumed to be restricted.

SMOKING

Smoking outside of Department buildings should occur only:

- A. Where no flammable or combustible materials are present;
- B. Where it will not interfere with the public's use of the building; and
- C. At locations other than the main entrance to the building unless using alternative locations would cause substantial inconvenience.

POLICY: SEXUAL HARASSMENT

Sexual harassment is a form of employee misconduct which undermines the integrity of the employment relationship. Each employee of Montana State Parks, regardless of sex, is entitled to a working environment which is free from intimidation and sexual harassment. The Department shall not tolerate any form of sexual harassment by any employee of either sex.

VOLUNTEER HOST SERVICE AGREEMENT

Agreement: From: _____ to: _____

We have reviewed:

- “ Agreement
- “ Position Description (s)
- “ Manual

Campground Host Date

Staff Representative Date

Renewal Agreement: From: _____ to: _____

We have reviewed:

- “ Agreement
- “ Position Description (s)
- “ Manual

Campground Host Date

Staff Representative Date

Renewal Agreement: From: _____ to: _____

We have reviewed:

- “ Agreement
- “ Position Description (s)
- “ Manual

Campground Host Date

Staff Representative Date

MONTANA FISH, WILDLIFE & PARKS
AGREEMENT FOR INDIVIDUAL VOLUNTARY SERVICES

*NAME (Please Print): _____

*ADDRESS: _____

*CITY, STATE, ZIP: _____

*CELL PHONE _____

*EMAIL _____

*HAVE YOU VOLUNTEERED FOR FWP IN PRIOR YEARS?

Yes No If yes, approximately what year? _____

*HAVE YOU COMPLETED A BACKGROUND CHECK AND FINGERPRINTS FOR FWP IN PRIOR YEARS?

Yes No If yes, approximately what year? _____

*DIVISION _____ *REGION _____ *PROJECT # _____ (for background check)

*LIAISON: _____

*WILL THIS VOLUNTEER ALWAYS BE UNDER SUPERVISION OF FWP STAFF Yes No

*START DATE: _____

***Specific Duties Performed by Volunteer:**

____ Working with Vulnerable Populations
____ Handling Money/Inventory

____ Access to FWP Computer/Technology
____ Driving State or Personal Vehicle for FWP Business

Is the volunteer an employee (full-time or part-time) of the State of Montana? YES NO

If YES: Are any of these duties the same or similar to duties performed in your current paid work? YES NO

If YES, describe similarities: _____

If YES, except as otherwise provided, I understand this service will not apply to my hours of service as a state employee. _____ (Volunteer Initials Here)

1. The above-described work will not be compensated monetarily. Signature of this document indicates the volunteer does not expect payment and is volunteering for civic, charitable, or humanitarian reasons.
2. Duties performed as a volunteer will be limited to those described above.
3. Fish, Wildlife & Parks or the volunteer may cancel this agreement anytime by notifying the other party.
4. Volunteer agrees to make all official contacts with Fish, Wildlife & Parks through the liaison person designated below.
5. A volunteer does not replace any regular department employee.
THIS AGREEMENT DOES NOT CONSTITUTE AN OFFER OF EMPLOYMENT NOR DOES THIS AGREEMENT ESTABLISH AN EMPLOYEE/EMPLOYER RELATIONSHIP FOR ANY PURPOSE.
6. The volunteer agrees to return all Department supplies and equipment to the Department upon completion of or termination of volunteer service as defined by this agreement or as requested by the Department staff volunteer liaison.

7. Internet setup and monthly internet access charges. FWP cannot guarantee internet access at all locations. If internet is desired, the installation and monthly charge for this service must be obtained and in the name of the volunteer. The internet service needs to be configured for the host trailer and will not be connected to any internet service that FWP is supplying at the location. See Section 3 below, "Stipend"

MONTANA FISH, WILDLIFE & PARKS AGREES WHILE THIS AGREEMENT IS IN EFFECT TO:

1. Provide the majority of supplies necessary for work performed. Many purchases require the use of state contracts, so FWP employees will be responsible for purchasing supplies and/or services.
2. Reimburse expenses relative to travel, meal per diem, and lodging pursuant to Title 2, Chapter 18, Part 5, MCA. If expenses are incurred an itemized receipt from the vendor is required before reimbursement will be made. Meals are only paid at per diem rates authorized, not actual expenses.

If reimbursement is provided, a W9 must be completed by the volunteer prior to the submittal of expenses. Payments will occur monthly upon the submission of a completed and approved State of Montana Travel Expense voucher.

3. Provide a stipend to defray necessary incidental expenses up to a sum of not more than \$ _____ per month OR \$ _____ per week to the extent funds are available. Stipends cannot be allowed in all situations and/or locations. Please check with your Liaison for details.

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4. Pay premiums to the Workers' Compensation Division to ensure that volunteer is covered under Workers' Compensation for any work injuries.
5. Provide volunteer coverage under the Montana State Tort Claims Act (Mont. Code Ann. § 2-9-101 et seq.) during all time volunteer is performing work authorized by the Department.
6. Authorize properly licensed volunteer to operate Department motor vehicles when necessary for the performance of the work described in this agreement.

Volunteer understands and agrees they are volunteering to perform duties to further FWP's mission and is only authorized to ride in FWP vehicles, use FWP equipment, or act as an FWP representative directly in line with FWP's mission and work functions.

I HEREBY VOLUNTEER MY SERVICES AS DESCRIBED ABOVE TO ASSIST MONTANA FISH, WILDLIFE & PARKS IN ITS AUTHORIZED WORK.



VOLUNTEER SIGNATURE: _____ DATE: _____

PARENT OR GUARDIAN (If under 18): _____

ACCEPTANCE FOR MONTANA FISH, WILDLIFE & PARKS

LIAISON NAME (printed clearly) _____

LIAISON SIGNATURE: _____ DATE: _____

**RETURN SIGNATURE PAGES TO HUMAN RESOURCES- VOLUNTEER KEEPS POLICY PAGES
DISCARD ANY ATTACHMENTS THAT ARE NOT RELEVANT**

EEO, Nondiscrimination, & Harassment Prevention Policy

Resource: Administrative Rules of the State of Montana (ARM)

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To promote a work and customer service environment free from discrimination, agency managers/liaisons shall: base hiring decisions on individual competencies and qualifications; promote an inclusive environment where individuals are afforded every opportunity to reach their fullest potential; recognize individual differences as a key element of organizational and team success; treat individuals with dignity and respect; and value the rights of all Montanans to benefit from equal access to employment and programs, services, and activities offered to the public.

Agency managers/liaisons who observe behaviors that may be viewed as discriminatory shall stop the behavior and notify their agency's EEO officer, Americans with Disabilities Act (ADA) coordinator, or human resources representative.

RESPONSIBILITIES

Agency managers/liaisons shall: provide reasonable accommodations, upon request, for qualified individuals with disabilities and for applicants and employees/volunteers based on their religious practices, unless doing so would create an undue hardship; provide reasonable accommodations, upon request, for limitations resulting from pregnancy-related disabilities, unless doing so would create an undue hardship; and ensure employees/volunteers provide meaningful access to programs, services, and activities for customers with limited English proficiency.

HARASSMENT

Harassment, including sexual harassment, consists of, but is not limited to, oral, written, or electronic communications (for example, voicemails, e-mails, text messages, or other social networking tools) in the form of repeated and unwelcomed jokes, slurs, comments, visual images, or innuendos based on a protected class. Even mutually agreeable behavior, or behavior accepted between two or more people, can be offensive to others; for this reason, it is prohibited in the workplace.

Sexual harassment is a form of discrimination that includes unwelcome verbal or physical conduct of a sexual nature when: submission to the conduct is implicitly or explicitly made a term or condition of employment/volunteer work; submission to or rejection of the conduct is used as the basis for a decision affecting the individual; or the conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive environment.

Agency managers/liaisons will not tolerate any behavior that negatively focuses on a protected class. Although a behavior or pattern of behavior might not constitute illegal discrimination, it might still violate this rule. Agency managers/liaisons who observe behaviors that could be viewed as discrimination or harassment shall stop the behavior and notify their agency's EEO officer, ADA coordinator, or human resources representative.

RETALIATION

Agency managers/liaisons will not retaliate or allow, condone, or encourage others to retaliate against any customer, applicant, volunteer or current or former employee for opposing unlawful discriminatory practices, filing a discrimination complaint or participating in a discrimination proceeding, including testifying in court. Agency managers/liaisons who become aware of retaliation shall inform the agency's human resource staff, EEO officer, or ADA coordinator, who will advise management on the appropriate course of action.

COMPLAINTS

Agency managers/liaisons shall encourage employees, volunteers, applicants, clients, and customers who believe they have been discriminated against or harassed to contact their supervisor, another manager/liaison, or the agency's EEO officer, ADA coordinator, or human resources staff. Complaints may be oral or in writing; however, complainants are encouraged to use the Department of Administration's complaint form found at <http://hr.mt.gov/newresources>.

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A representative appointed by the Agency shall begin an investigation upon receiving a complaint. The investigator shall gather evidence to determine a "cause" or "no-cause" finding.

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In addition to the internal complaint process, complaints may be filed with the following agencies: Montana Human Rights Bureau, (406) 444-4356, (800) 542-0807 www.montanadiscrimination.com; or United States Equal Employment Opportunity Commission (EEOC) (800) 669-4000, TTY (800)-669-6820, ASL Video (844) 234-5122. Service members and veterans who believe they have been discriminated against based on military service or veteran status may contact: The Employer Support of the Guard and Reserve at (800) 336-4590; or the Veterans' Employment and Training Service (VETS) at (866) 487-2365. Service members and veterans may submit a formal, online complaint at <http://webapps.dol.gov/elaws/vets/userra/1010.asp>.

RULE VIOLATIONS

Individuals who violate these rules are subject to discipline, up to and including discharge. A rule violation includes managers/liaisons who allow discrimination to occur or fail to take appropriate action to correct inappropriate behavior, including discrimination or harassment.

Failure to investigate in a proper and timely manner, interference with an investigation, failure to cooperate with an investigator, or making a false statement to an investigator may result in disciplinary action, up to and including discharge.

**ACKNOWLEDGEMENT OF
RECEIPT OF
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I, _____ (volunteer name--[please print]),
have been provided with a copy of the EEO, Nondiscrimination, & Harassment Prevention
Policy and acknowledge I am responsible for knowing and abiding by its contents.

The provisions of this policy may be modified or eliminated at any time, and changes will be
provided when made.

***It is my responsibility to know the policy and will discuss with my Liaison any questions
regarding it.***

Signature of Volunteer: _____



Date Received: _____

MONTANA FISH, WILDLIFE & PARKS
VOLUNTEER LIAISON RECORD

LIAISON NAME (Please Print) _____

PHONE (____)____-____

EMAIL: _____

DIVISION _____ **REGION** _____

PROJECT # TO CHARGE VOLUNTEER WORK COMP _____

REGIONAL SUPERVISOR/ PARK MANAGER: _____

Your responsibilities as a Volunteer Liaison include the following:

- Ensure that each of your volunteers fills out (completely) an Agreement for Individual Voluntary Services and return a copy to Human Resources promptly.
- Log the number of volunteer hours worked in each quarter
- Report volunteer hours worked for your project to Human Resources on or before the 10th day of the following quarter.
 - Reported hours should be submitted with the following information:
 - Total number of volunteer hours worked for the project, each quarter
 - Project number
 - Workers' Compensation Code
- Communicate to Volunteer(s) FWP expectations and that they are volunteering to perform duties to further FWP's mission, and are only authorized to ride in FWP vehicles, use FWP equipment, or act as an FWP representative directly in line with FWP's mission and work functions.
- Report to Human Resources when a volunteer will no longer be working with FWP

Your signature below indicates that you understand and agree to the responsibilities listed above.

LIAISON SIGNATURE: _____

REGIONAL SUPERVISOR/ PARK MANAGER: _____

DATE: _____

Original: Human Resources

Copy: Division

Copy: Region

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provided when made.

***It is my responsibility to know the policy and will discuss with my S
questions regarding it.***

 **SIGN HERE
PLEASE!**

Signature of Liaison: _____

Date Received: _____

Workers' Compensation Codes for Volunteer Services

Arranged By Description	Code	Arranged By Code	Description
Accounting Assistant	8811	7424	Aircraft Pilot
Administrative Assistant	8811	8744	Civil Engineering Assistant
Aircraft Pilot	7424	8744	Compliance Assistant
BOW Staff	9412	8744	Education Program Administrator
Biological Lab Assistant	9412	8744	Financial Examiner Assistant
Biology Research Specialist	9412	8744	Grants Contracts Coordinator (volunteer groups)
Block Management Assistant	9412	8744	Instructional Coordinator
Camp Host	9412	8744	Land Agent Assistant
Civil Engineering Assistant	8744	8744	Museum Exhibit Specialist
Compliance Assistant	8744	8744	Project Facilitation Specialist
Conservation Aide Assistant	9412	8744	Public Relations Specialist (volunteer groups)
Conservation Specialist Assistant	9412	8811	Accounting Assistant
Conservation Technician Assistant	9412	8811	Administrative Assistant
Cooks	9412	8811	Customer Service Assistant
Customer Service Assistant	8811	8811	Planner
Drivers (shuttle vehicles/ trailers)	9422	8811	Snowmobile members (Meetings & bookkeeping)
Education Program Administrator	8744	9412	BOW Staff
Enforcement Ride Alongs	9412	9412	Biological Lab Assistant
Exhibit Booth Workers	9412	9412	Biology Research Specialist
Financial Examiner Assistant	8744	9412	Block Management Assistant
Fish Culture Specialist Assistant	9412	9412	Camp Host
Fish Wildlife Biologist Assistant	9412	9412	Conservation Aide Assistant
Grants Contracts Coordinator (volunteer groups)	8744	9412	Conservation Specialist Assistant
Groundskeeper Assistant	9412	9412	Conservation Technician Assistant
Herder	9412	9412	Cooks
Historical Specialist Assistant	9412	9412	Enforcement Ride Alongs
Hunters Education Personnel	9412	9412	Exhibit Booth Workers
Instructional Coordinator	8744	9412	Fish Culture Specialist Assistant
Land Agent Assistant	8744	9412	Fish Wildlife Biologist Assistant
Mail Clerk Assistant	9412	9412	Groundskeeper Assistant
Maintenance Worker- Trails/ Site work	9422	9412	Herder
Museum Exhibit Specialist	8744	9412	Historical Specialist Assistant
Parks Management Specialist	9412	9412	Hunters Education Personnel
Planner	8811	9412	Mail Clerk Assistant
Project Facilitation Specialist	8744	9412	Parks Management Specialist
Public Relations Specialist (volunteer groups)	8744	9412	Sample Collecting
Sample Collecting	9412	9412	Survey Interviewer
Snowmobile members (Maintenance & Grooming)	9422	9412	Tour Guide
Snowmobile members (Meetings & bookkeeping)	8811	9412	Veterinarian
Survey Interviewer	9412	9412	Water Conservation Assistant
Tour Guide	9412	9422	Drivers (shuttle vehicles/ trailers)
Veterinarian	9412	9422	Maintenance Worker- Trails/ Site work
Water Conservation Assistant	9412	9422	Snowmobile members (Maintenance & Grooming)

MONTANA FISH, WILDLIFE & PARKS
AGREEMENT FOR INDIVIDUAL VOLUNTARY SERVICES

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*CITY, STATE, ZIP: _____

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***HAVE YOU VOLUNTEERED FOR FWP IN PRIOR YEARS?**

Yes No If yes, approximately what year? _____

***HAVE YOU COMPLETED A BACKGROUND CHECK AND FINGERPRINTS FOR FWP IN PRIOR YEARS?**

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*DIVISION _____ *REGION _____ *PROJECT # _____ (for background check)

*LIAISON: _____

***WILL THIS VOLUNTEER ALWAYS BE UNDER SUPERVISION OF FWP STAFF** Yes No

*START DATE: _____

***Specific Duties Performed by Volunteer:**

____ Working with Vulnerable Populations	____ Access to FWP Computer/Technology
____ Handling Money/Inventory	____ Driving State or Personal Vehicle for FWP Business

Is the volunteer an employee (full-time or part-time) of the State of Montana? YES NO

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A representative appointed by the Agency shall begin an investigation upon receiving a complaint. The investigator shall gather evidence to determine a "cause" or "no-cause" finding.

Agency managers/liaisons shall make every attempt to protect the privacy of individuals involved in the complaint process; however, individual privacy cannot be guaranteed. Agency managers/liaisons may not prohibit employees from discussing a complaint or ongoing investigation with coworkers unless management conducts an individualized assessment and demonstrates that one of the following factors exists: there are witnesses in need of protection; evidence is in danger of being destroyed; testimony is in danger of being fabricated; or there is a need to prevent a cover-up.

In addition to the internal complaint process, complaints may be filed with the following agencies: Montana Human Rights Bureau, (406) 444-4356, (800) 542-0807 www.montanadiscrimination.com; or United States Equal Employment Opportunity Commission (EEOC) (800) 669-4000, TTY (800)-669-6820, ASL Video (844) 234-5122. Service members and veterans who believe they have been discriminated against based on military service or veteran status may contact: The Employer Support of the Guard and Reserve at (800) 336-4590; or the Veterans' Employment and Training Service (VETS) at (866) 487-2365. Service members and veterans may submit a formal, online complaint at <http://webapps.dol.gov/elaws/vets/userra/1010.asp>.

RULE VIOLATIONS

Individuals who violate these rules are subject to discipline, up to and including discharge. A rule violation includes managers/liaisons who allow discrimination to occur or fail to take appropriate action to correct inappropriate behavior, including discrimination or harassment.

Failure to investigate in a proper and timely manner, interference with an investigation, failure to cooperate with an investigator, or making a false statement to an investigator may result in disciplinary action, up to and including discharge.

**ACKNOWLEDGEMENT OF
RECEIPT OF
EEO, Nondiscrimination, & Harassment Prevention Policy**

I, _____ (volunteer name--[please print]),
have been provided with a copy of the EEO, Nondiscrimination, & Harassment Prevention
Policy and acknowledge I am responsible for knowing and abiding by its contents.

The provisions of this policy may be modified or eliminated at any time, and changes will be
provided when made.

***It is my responsibility to know the policy and will discuss with my Liaison any questions
regarding it.***

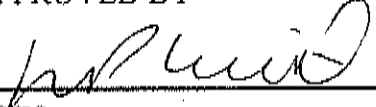
Signature of Volunteer: _____



Date Received: _____

**ACCEPTABLE USE of IT RESOURCES
POLICY SUMMARY**

**MONTANA FISH, WILDLIFE & PARKS
TECHNOLOGY SERVICES DIVISION**

ISSUED 11-16-17	REVISED
RETIRED	
APPROVED BY 	
Name	
CIO	
Title	

TITLE: ACCEPTABLE USE of IT RESOURCES POLICY SUMMARY

PURPOSE:

To provide an executive summary of State of Montana and FWP information technology (IT) policies pertaining to acceptable behavior that FWP employees and contractors will be held accountable. This summary is not all inclusive. FWP employees and contractors are responsible for reviewing and following all State and agency policies, statutes and guidelines.

This summary supersedes the 2012 FWP Acceptable Use Policy.

RELATED, STATUTES, POLICIES, AND GUIDELINES:

- a. Montana Code Annotated - Code of Ethics §2-2-103
- b. Montana Information Security Policy (2015)
- c. Montana Information Security Policy – Appendix A (2015)
- d. Montana Operations Manual – Cellular Devices Policy (2016)
- e. Montana Operations Manual - Electronic Mail Policy (2011)
- f. Montana Operations Manual – Enterprise Mobile Device Management Policy (2016)
- g. Montana Operations Manual - Social Media Policy (2015)
- h. Montana Operations Manual - Social Media Guidelines (2017)
- i. Montana Operations Manual – SummitNet Acceptable Use Policy (2011)
- j. MT-ISAC - Acceptable Use of IT Resources Summary (2017)
- k. SITSD - Identification and Authentication Policy (2015)
- l. FWP Mobile Device and Services Policy (2014)

FOUNDATION

FWP IT resources provide the structure and the tools for staff to complete their work, meet the needs of the public, and meet the objectives of the agency. All the agency's IT resources are managed and overseen by the Technology Services Division (TSD).

These resources include IT hardware (laptops and desktop computers, printers, servers, cables, etc.), IT software (MS Office, Adobe, GIS programs, FWP developed applications, etc.), mobile devices (cell

phones, tablets, etc.), IT Services (RFPs, contracts, staff augmentation, etc.), and program specific technology (wildlife tracking collars, electronic fish tags, photographic equipment, etc.).

STANDARDS

The following is an executive summary of FWP's IT policies, applicable IT policies established by the Department of Administration's Statewide Information Technology Services Division (SITSD), and other relevant policies.

FWP staff are required to review the full policy documents so they are knowledgeable of user expectations, penalties for non-compliance, and details related to each policy. All policies referenced in this document are available electronically via the Internet or in paper form from TSD.

I. Device Use

- Access to IT resources in the form of devices and facilities are issued in accordance with performing assigned duties for the benefit of the people of Montana.
- There is no expectation of privacy while using the department's IT resources. All activity can be logged, monitored, and reviewed.
- Work-related files and electronic information shall be stored on TSD approved storage services to ensure the document(s) are backed up.
- Use of unapproved cloud-based services for data storage, transfer, etc. is prohibited.
- Employees must never attempt to gain access to, disclose, or remove any user ID, information, software, or file that is not their own and for which they have not received explicit authorization to access.
- Users shall not interfere with, encroach on or disrupt others' use of the FWP's shared IT resources. For example, by
 - playing computer games, streaming non-work-related video or music, sending excessive messages, attempting to crash or tie up a State computer.
 - damaging or vandalizing State computing facilities, equipment, software, or computer files.
- Users shall not knowingly transfer or allow to be transferred to, from or within the agency, textual or graphical material commonly considered to be child pornography or obscene as defined in §45-8-201(2), MCA.
- Users shall not connect *non-State-owned* storage media (USB storage devices, external or internal hard drives), including *personal* mobile devices (iPads, Kindles, smartphones, etc.) to the workstation or internal network.
- Duplicating, transmitting, or using software not in compliance with software license agreements is considered copyright infringement.
- IT resources must not be used for private, commercial, or political purposes.
- FWP allows incidental, non-excessive personal use of IT resources at an employee's supervisor's discretion.
- All hardware and software, including downloaded software, shall be authorized, purchased, and installed by authorized TSD staff prior to use.
- Remote Access to FWP's internal network must be authorized by a supervisor and utilize the department's approved software.
- Users shall report missing or stolen IT hardware immediately to their supervisor and TSD's ServiceDesk.

- Users shall notify TSD's Service Desk and supervisor in the event of a security incident or if the IT device is acting unusual, e.g. slow performance or response times, unexpected pop-up advertisements, etc.
 - Devices must be locked before leaving them unattended.
2. Passwords
- Passwords should be strong, with a minimum of 8 characters. Users are required to have a combination of upper and lower case with special and numerical characters contained in their passwords.
 - Passwords must never be shared with *ANYONE*.
 - Users must secure their password at all times. Passwords are not to be written down (e.g., taped to monitor or under keyboard).
 - Personal information must never be used in a password (e.g. SSN or date of birth).
3. Internet
- Internet usage is provided for the opportunity it gives state employees and contractors to accomplish their job duties and conducting state business.
 - The State-provided Internet access is not to be used excessively for private, recreational or personal activities.
 - Examples of unacceptable uses are but not limited to:
 - Transmitting, retrieving, viewing, disclosing or storing of any materials defined as obscene by §45-8-201 MCA, advocating violence against others or their property according to 45-5-221 MCA, regarded as sensitive or proprietary (e.g. personal information, criminal history, social security numbers, etc.), any activities relating to any private or union business, Internet gambling, gaming, and personal shopping (e.g. E-Bay), downloading/accessing steaming music/videos/broadcasts, or unauthorized use of social media websites (e.g. Twitter, Facebook).
4. Electronic Mail
- Shall be used for conducting state business. FWP permits incidental, non-excessive personal use of email.
 - Email is considered public record. Employees should have no expectations of privacy. (See <https://sos.mt.gov/records/defined> for additional info.)
 - State email accounts must not be used to sign up for nonwork related website accounts, mailing lists, etc.
 - Personal email account(s) shall not be used for work-related business.
 - State email accounts should not be used to circulate chainmail, spam, or inappropriate materials (e.g. sexually offensive, harassing, violent, etc.)
 - State email accounts should not send sensitive information to other parties unless authorized by agency and transmitted by secure approved methods (e.g. encryption or File Transfer Service)
5. Social Media
- Supervisor approval is required for use of these websites work-related purposes.
 - Work-related communications should be professional and consistent with the agency's

mission and the position's responsibilities.

6. Mobile Device Management

- Mobile device management is overseen by TSD's Network Service Bureau.
- Supervisor approval is required for the allocation and use of a State-owned mobile device.
- Personal use of state devices shall be limited to essential personal calls and state business.
- Staff are responsible for State-owned device equipment in their possession.
- While in the performance of state business, employees are responsible for operating state or private vehicles or other equipment in a safe and prudent manner while using mobile devices.
- Jailbroken or "rooted" devices will not be allowed to enroll in the enterprise MDM solution.

7. Sensitive Information

- Must not be stored, transferred, or copied to unauthorized locations.
- If there is a business need, sensitive information can be transferred by utilizing the State of Montana File Transfer Service or Enterprise Approved encrypted email.
- Staff are required to ensure any personally identifiable information is saved or stored in a secure location (e.g. electronically encrypted, laptop stored in a locked file cabinet, etc.).
- Report lost, stolen or compromised information to immediate supervisor and agency Information Security Manager.

Home-based State-owned Office Computers

Employees that have state-owned computers located in their homes due to assignment of a remote location shall be in accordance with these policies. Downloading unauthorized software from the Internet, a CD or thumb drive (i.e. games, tax software etc.) is prohibited as computer viruses could be transmitted through the FWP's IT network and onto the State's IT network. User of the home-based state-owned computers must adhere to all the policies previously described.

SmartCop Toughbooks Used by Game Wardens

Many wardens are assigned toughbooks specially designed for use in their state-assigned vehicles and configured to interface with the enforcement resources (i.e. CJIN). As with all IT resources, wardens are expected to keep the toughbook docked and locked within their vehicle and stored in a secured location when not in use per the requirements of FWP's MCT/SmartCop Policy (2016). User of the SmartCop toughbooks must adhere to all the policies previously described.

Union Activities

Acceptable use of union-related activities includes communications between union representatives and management representatives to schedule labor-management meetings or bargaining sessions, or to submit notice of contract ratifications.

However, conducting the business or activities of a labor union is prohibited, where the duties are not assigned to the employee by department management (i.e. using state email to disseminate union newsletters, announcements or advertisements to state employee members).



Montana Fish, Wildlife & Parks

Receipt of Acceptable Use of Computers Policies

I, _____ (print name) have read the State of Montana's computer use policies, FWP's Information Systems policy, and FWP's Technology Use Guide and agree to comply with all terms and conditions.

I agree that all computer activity conducted while doing State business and being conducted with State resources is the property of the State of Montana.

I understand that the State reserves the right to monitor and log all computer activity including e-mail and Internet use, with or without notice, and therefore I should have no expectations of privacy in the use of these resources.

I understand that misuse of the State of Montana computers as outlined in these policies may warrant disciplinary action.

Signed _____

Date _____



Fish, Wildlife & Parks Employee/Driver Agreement:

Vehicle Use Agreement;
DOA Fuel Card Policy & Fuel Card Use Employee
Agreement;
Driver PIN Request Form

Submit **ONE** copy by
Fax/Mail/Email to:
Your regional Human
Resources Specialist

- * By providing the below information, I understand and agree that my use of any department vehicle shall be exclusively, for the fulfillment of the Fish, Wildlife & Parks state business.
- * I understand that I am not to use the vehicle for any other reason whatsoever (human life-threatening medical emergency excepted). I agree to operate this vehicle in a safe, prudent, and lawful manner at all times and to **comply with the State of Montana and the Department of Fish, Wildlife & Parks motor vehicle laws and policies. Ref: MCA 2-9-101, 2-9-201 & 2-17-421, ARM 2.6.201 to 2.6.214 and FWP policy W-1.**
- * I acknowledge that I have read, understand, and will comply with the Dept. of Administration Fuel Card Policy and Fuel Card Use Employee Agreement. See attached Policy 1-0790.00 and Agreement.
- * Seat belts will be worn at all times by all vehicle occupants inside the vehicle when it is in motion. No unauthorized personnel will be allowed in department vehicle.
- * I certify that I possess a valid driver's license appropriate to the type of vehicle I may be driving. A personal email must be provided below for a driving record check to be completed. This is sent through our background check company Employer's Choice.
- * I agree to immediately notify my supervisor if the status of my driver's license changes, if I accumulate 5 or more conviction points while driving a vehicle for state business, or if I accumulate 12 or more conviction points while driving any vehicle for any reason.

Employee/Driver's Printed Name: _____

Employee/Driver's Signature: _____

Employee Email (Personal): _____

Driver's Phone Number: _____

Region & Division: _____ Employee ID Number: _____

Supervisor's Printed Name: _____ Supervisor's Phone Number: _____

Supervisor Verifies:

- * If Employee is under 18 years of age, they will not be required to drive during more than 1/3 of their schedule work hours.

Supervisor's Signature: _____

Driver Status (circle one): Full-time/Permanent Employee Part-time/Permanent Employee
Seasonal Intern AmeriCorps Other (please explain) Volunteer

- * If this employee is a **RETURNING** seasonal employee, this form must be completed each time they return and sent into Human Resources to have a pin issued for each season

- * It is required for all VOLUNTEERS, INTERNS, SEASONAL/STW EMPLOYEES to include an End Date

Employee/Driver's Start Date: _____ End Date: _____

- ☐ Verified – Driving Record Check has been completed within the last 5 years
☐ Sent to Fleet for PIN to be issued

Signature of HR Assistant/Generalist: _____ Date: _____

*** Montana Operations Manual – Policy Number 1-0790.00 – Section B.3. Through B.8. 3. Require each employee authorized to operate an agency-owned vehicle to read the fuel card policy and sign the fuel card use employee agreement form. 4. Retain this signed FWP Employee/Driver Form (FLEET02) for two years after the employee's termination date. 5. Assign a unique PIN number to each authorized employee. Generic PINS are prohibited. 6. Manage internal controls in accordance with the agency's procedures. 7. Maintain a record of the agency's approved exceptions to Fuel Card Use Policy.



Montana Operations Manual

Policy

Policy Number	1-0790.00
Effective Date	9/22/2010
Last Revised	

Issuing Authority	Department of Administration
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Fuel Card Policy

I. PURPOSE

The policy establishes the requirements for managing and using fuel cards for efficient and cost-effective fuel and maintenance purchases when conducting State business.

II. SCOPE

This policy applies to Executive Branch agencies that operate agency-owned, fuel-powered vehicles and equipment. The Montana Department of Transportation's daily-use and agency-leased motor pool vehicles are exempt from this policy.

III. PROCEDURES / REQUIREMENTS / RESPONSIBILITIES

A. Agencies must:

1. Use the Department of Administration's (DOA) State Procurement Bureau's exclusive fuel card contracts.
2. Designate an authorizing official(s) to oversee its fuel card procedures. Provide the authorizing official's personal contact information to the DOA's State Procurement Bureau.
3. Establish procedures and assign responsibilities to manage fuel card use. Procedures and responsibilities must include the following:
 - a. Collect and compare monthly vehicle odometer readings to the vehicle's monthly fuel transactions to ensure fuel consumption is appropriate for the vehicle.
 - b. Retain monthly statements.
 - c. Resolve billing disputes.

If an error is found on a statement (e.g., employee did not make the transaction, incorrect amount, etc.), the vendor must be contacted by the agency to try to resolve the dispute. If the vendor agrees an error has occurred, the account is credited on the next statement.

If the vendor does not agree an error has occurred, the disputed transaction will be identified and submitted in writing to the card provider within 60 days of the transaction date. The amount due on the next monthly statement will be reduced by the amount of the disputed item until the transaction dispute is resolved. If a dispute is not submitted within 60 days of the transaction date, the agency is responsible for paying the disputed item.

4. Establish internal controls for using fuel cards. Available controls include:

- a. Limit on the number of transactions during a certain time period (day, month, week).
- b. Limit dollar amount per transaction.
- c. Limit Merchant Category Codes.
- d. Restrict purchases to specific hours of the day or days of the week.
- e. Require odometer reading at the point-of-sale.

Note: Default fuel card controls limit purchases to fuel and maintenance and allow three transactions per day up to a total of \$500.

B. Authorizing Official(s) will:

- 1. Assign a fuel card to each agency-owned vehicle showing the vehicle's license plate number on the front of the card.
- 2. Issue separate fuel cards for non-vehicular uses (e.g., lawn mower).
- 3. Require each employee authorized to operate an agency-owned vehicle to read the Fuel Card Policy and sign the Fuel Card Use Employee Agreement Form (attached) before they receive a Personal Identification Number (PIN).
- 4. Retain the signed Fuel Card Use Employee Agreement Form for two years after the employee's termination date.
- 5. Assign a unique PIN to each authorized employee. Generic PINs are prohibited.
- 6. Manage internal controls in accordance with the agency's procedures.
- 7. Immediately cancel fuel cards that are lost, stolen, or assigned to a vehicle that is transferred, sold, or surplused.
- 8. Maintain a record of the agency's approved exceptions to the Fuel Card Use policy.

C. Employees authorized to use fuel cards must:

- 1. Read the Fuel Card Policy.
- 2. Sign the Fuel Card Use Employee Agreement Form acknowledging their responsibilities for fuel card use.

Note: Employees are prohibited from using premium grade fuel unless required by the vehicle operation manual.

D. Supervisors of authorized employees must:

Review and approve monthly fuel card transactions for each authorized employee under their supervision and ensure fuel card use is consistent with the employees' work assignments.

IV. REQUEST FOR EXCEPTIONS

The authorizing official may submit a request for an exception to any part of this policy to the DOA's State Procurement Bureau. The State Procurement Bureau will determine if an exception is granted based on the following criteria:

- A. The policy has created an undue hardship on the agency;
- B. The circumstances are non-traditional and require unique accommodation; or
- C. The exception will not compromise internal controls.

V. VIOLATIONS

Each agency is responsible for policy enforcement and investigating all alleged violations and complaints. Agencies will take appropriate disciplinary action including, but not limited to, cancellation of an employee's fuel card privileges, termination, and possible criminal charges.

VI. DEFINITIONS

- A. **Authorized Employee:** An employee designated to use a fuel card.
- B. **Authorizing Official:** An individual(s) designated by the agency to authorize and cancel fuel cards, manage internal controls, and maintain a record of the agency's exceptions.
- C. **Card Provider:** The State's contracted fuel card provider.
- D. **Ethanol-Blended Gasoline:** A fuel mixture of gasoline and ethanol produced from agricultural products as defined in 2-17-414, MCA.
- E. **Generic PIN:** A PIN not directly assigned to a single individual. Generic PINs are prohibited.
- F. **Merchant Category Code:** A number used by the fuel card vendor to classify suppliers into market segments.
- G. **Personal Identification Number (PIN):** A unique number assigned to an individual.
- H. **Vehicle Maintenance:** Expenses including gas, oil, repairs, labor, storage, and service.
- I. **Vendor:** The point-of-sale for a fuel or vehicle maintenance purchase.
- J. **Non-Vehicular Use:** Uses associated with equipment such as a lawn mower, snow sweeper, leaf blower, or chainsaw.

VII. CROSS REFERENCE GUIDE

The following laws, rules, or policies contain provisions relevant to fuel purchasing cards. This list is not exhaustive; other policies may apply.

- A. ARM 2.6.203 Authorized Driver – definition.
- B. 2-17-414, MCA State vehicles use of ethanol-blended gasoline – definition
- C. 2-17-418, MCA Agency records on fuel efficiency measures

- D.** 2-17-421, MCA Use – state business only – exception, compensation for driving personal vehicle – penalty for private use
- E.** 2-17-425, MCA Limit on use of state vehicle to commute to worksite – definitions
- F.** Title 18, Chapter 4, MCA Montana Procurement Act

VIII. CLOSING

For questions about this policy, contact the State Procurement Bureau at:

Department of Administration

State Procurement Bureau

125 N. Roberts Street, Mitchell Building, Room 165

Helena, MT 59620-0135

406-444-3366

Rick Dorvall, email: rickdorvall@mt.gov

STATE OF MONTANA
FUEL CARD USE EMPLOYEE AGREEMENT

1. I have read, understand, and will comply with the Fuel Card Policy.
2. I understand I am required to use ethanol-blended gasoline when the manufacturer allows and I am prohibited from using premium grade fuel unless required by the vehicle operations manual.
3. I agree to use the card for all fuel purchases unless obtained from a state-owned bulk site with a manual transaction process.
4. I will immediately notify the authorizing official if a card is lost or stolen or if my PIN is compromised.
5. I understand that I am required to comply with internal control procedures.
6. I agree not to share my Personal Identification Number (PIN) with any other person.
7. I understand I can only use the card for fuel and authorized vehicle maintenance purchases for state-owned vehicles.
8. If I misuse the card for personal purchases, I authorize the State to deduct from my salary or from other monies owed me, an amount equal to the total of the personal purchases. I also agree to allow the State to collect any amounts owed by me even if the State no longer employs me.
9. I understand improper use of this card may result in disciplinary actions, including termination of employment and criminal action.
10. I understand the State may terminate my card use privileges at any time for any reason.

By Signing FWP Form FLEET02 – FWP Employee/Driver Agreement – You are agreeing to the terms outlined above on the Fuel Card Use Employee Agreement

DEPARTMENT OF ADMINISTRATION
STATE ACCOUNTING BUREAU
PO BOX 200102
HELENA, MT 59620-0102

204 - ELECTRONIC
FUNDS TRANSFER
SIGN UP

Questions please contact Warrant Writer. E-Mail: warrantwriter@mt.gov, Phone: 444-3092, Fax: 444-2812

Note: All incomplete/altered forms will not be processed.

1) Request Type: ☐ Initial Request (1-7,10) ☐ Change/Add Account (1-10) ☐ Remove Account (5-10)

2) I, _____, hereby certify that the account indicated on this form is under my direct control and access; therefore, I authorize the State Treasurer as fiscal agent for the State of Montana to initiate, change or cancel credit entries to that account as indicated on this form.

This authority is to remain in full force and effect until the State of Montana has received written notification from either me or an authorized officer of the organization of the account's termination in such time and in such a manner as to afford the State of Montana a reasonable opportunity to act upon it.

3) New Bank Information:

Bank Name:

Routing Number:

Account Number:

Account Type: ☐ Checking ☐ Savings

5) Supplier Name:

6) Tax ID Number: (must be 9 digits)

Type: ☐ SSN ☐ FEIN

7) Address: (limited to 45 characters per line)

Line 1

Line 2

Line 3

City

State/Province

Postal Code

Country

Phone Number

E-mail

8) Confirmation of existing bank account information:

Bank Name:

Routing Number:

Account Number:

Account Type: ☐ Checking ☐ Savings

9) This authorization will remain in effect until either cancelled in writing or an updated form is submitted to the Agency you currently do business with.

10) Authorized Signature

Title (If Applicable)

Date

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
or										
Employer identification number										

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately.

To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

MONTANA FISH, WILDLIFE & PARKS
AGREEMENT FOR INDIVIDUAL VOLUNTARY SERVICES

*NAME (Please Print): _____

*ADDRESS: _____

*CITY, STATE, ZIP: _____

*CELL PHONE _____

*EMAIL _____

*HAVE YOU VOLUNTEERED FOR FWP IN PRIOR YEARS?

Yes No If yes, approximately what year? _____

*HAVE YOU COMPLETED A BACKGROUND CHECK AND FINGERPRINTS FOR FWP IN PRIOR YEARS?

Yes No If yes, approximately what year? _____

*DIVISION _____ *REGION _____ *PROJECT # _____ (for background check)

*LIAISON: _____

*WILL THIS VOLUNTEER ALWAYS BE UNDER SUPERVISION OF FWP STAFF Yes No

*START DATE: _____

***Specific Duties Performed by Volunteer:**

____ Working with Vulnerable Populations
____ Handling Money/Inventory

____ Access to FWP Computer/Technology
____ Driving State or Personal Vehicle for FWP Business

Is the volunteer an employee (full-time or part-time) of the State of Montana? YES NO

If YES: Are any of these duties the same or similar to duties performed in your current paid work? YES NO

If YES, describe similarities: _____

If YES, except as otherwise provided, I understand this service will not apply to my hours of service as a state employee. _____ (Volunteer Initials Here)

1. The above-described work will not be compensated monetarily. Signature of this document indicates the volunteer does not expect payment and is volunteering for civic, charitable, or humanitarian reasons.
2. Duties performed as a volunteer will be limited to those described above.
3. Fish, Wildlife & Parks or the volunteer may cancel this agreement anytime by notifying the other party.
4. Volunteer agrees to make all official contacts with Fish, Wildlife & Parks through the liaison person designated below.
5. A volunteer does not replace any regular department employee.
THIS AGREEMENT DOES NOT CONSTITUTE AN OFFER OF EMPLOYMENT NOR DOES THIS AGREEMENT ESTABLISH AN EMPLOYEE/EMPLOYER RELATIONSHIP FOR ANY PURPOSE.
6. The volunteer agrees to return all Department supplies and equipment to the Department upon completion of or termination of volunteer service as defined by this agreement or as requested by the Department staff volunteer liaison.

7. Internet setup and monthly internet access charges. FWP cannot guarantee internet access at all locations. If internet is desired, the installation and monthly charge for this service must be obtained and in the name of the volunteer. The internet service needs to be configured for the host trailer and will not be connected to any internet service that FWP is supplying at the location. See Section 3 below, "Stipend"

MONTANA FISH, WILDLIFE & PARKS AGREES WHILE THIS AGREEMENT IS IN EFFECT TO:

1. Provide the majority of supplies necessary for work performed. Many purchases require the use of state contracts, so FWP employees will be responsible for purchasing supplies and/or services.
2. Reimburse expenses relative to travel, meal per diem, and lodging pursuant to Title 2, Chapter 18, Part 5, MCA. If expenses are incurred an itemized receipt from the vendor is required before reimbursement will be made. Meals are only paid at per diem rates authorized, not actual expenses.

If reimbursement is provided, a W9 must be completed by the volunteer prior to the submittal of expenses. Payments will occur monthly upon the submission of a completed and approved State of Montana Travel Expense voucher.

3. Provide a stipend to defray necessary incidental expenses up to a sum of not more than \$ _____ per month OR \$ _____ per week to the extent funds are available. Stipends cannot be allowed in all situations and/or locations. Please check with your Liaison for details.

If stipends are provided, a W9 must be completed by the volunteer prior to the submittal of expenses. Payments will occur monthly upon the submission of a completed and approved State of Montana Travel Expense voucher.

4. Pay premiums to the Workers' Compensation Division to ensure that volunteer is covered under Workers' Compensation for any work injuries.
5. Provide volunteer coverage under the Montana State Tort Claims Act (Mont. Code Ann. § 2-9-101 et seq.) during all time volunteer is performing work authorized by the Department.
6. Authorize properly licensed volunteer to operate Department motor vehicles when necessary for the performance of the work described in this agreement.

Volunteer understands and agrees they are volunteering to perform duties to further FWP's mission and is only authorized to ride in FWP vehicles, use FWP equipment, or act as an FWP representative directly in line with FWP's mission and work functions.

I HEREBY VOLUNTEER MY SERVICES AS DESCRIBED ABOVE TO ASSIST MONTANA FISH, WILDLIFE & PARKS IN ITS AUTHORIZED WORK.



VOLUNTEER SIGNATURE: _____ DATE: _____

PARENT OR GUARDIAN (If under 18): _____

ACCEPTANCE FOR MONTANA FISH, WILDLIFE & PARKS

LIAISON NAME (printed clearly) _____

LIAISON SIGNATURE: _____ DATE: _____

**RETURN SIGNATURE PAGES TO HUMAN RESOURCES- VOLUNTEER KEEPS POLICY PAGES
DISCARD ANY ATTACHMENTS THAT ARE NOT RELEVANT**

EEO, Nondiscrimination, & Harassment Prevention Policy

Resource: Administrative Rules of the State of Montana (ARM)

This policy is in ARM. This is a reproduction created for your convenience, but it is not the official version. You may find the official ARM website at <http://www.mtrules.org>. Resources related to this policy are available on the [State HR website](#).

The executive branch of the State of Montana is committed to equal opportunity, nondiscrimination, and harassment prevention in all aspects of employment and in programs, services, and activities offered to the public.

Agency managers/liaisons will not tolerate discrimination or harassment based on an individual's race, color, national origin, age, physical or mental disability, marital status, religion, creed, sex, pregnancy, childbirth or a medical condition related to pregnancy or childbirth, sexual orientation, gender identity or expression, political beliefs, genetic information, military service or veteran's status, culture, social origin or condition, or ancestry. Likewise, agency management will not tolerate discrimination or harassment because of a person's marriage to or association with individuals in one of the previously mentioned protected classes.

To promote a work and customer service environment free from discrimination, agency managers/liaisons shall: base hiring decisions on individual competencies and qualifications; promote an inclusive environment where individuals are afforded every opportunity to reach their fullest potential; recognize individual differences as a key element of organizational and team success; treat individuals with dignity and respect; and value the rights of all Montanans to benefit from equal access to employment and programs, services, and activities offered to the public.

Agency managers/liaisons who observe behaviors that may be viewed as discriminatory shall stop the behavior and notify their agency's EEO officer, Americans with Disabilities Act (ADA) coordinator, or human resources representative.

RESPONSIBILITIES

Agency managers/liaisons shall: provide reasonable accommodations, upon request, for qualified individuals with disabilities and for applicants and employees/volunteers based on their religious practices, unless doing so would create an undue hardship; provide reasonable accommodations, upon request, for limitations resulting from pregnancy-related disabilities, unless doing so would create an undue hardship; and ensure employees/volunteers provide meaningful access to programs, services, and activities for customers with limited English proficiency.

HARASSMENT

Harassment, including sexual harassment, consists of, but is not limited to, oral, written, or electronic communications (for example, voicemails, e-mails, text messages, or other social networking tools) in the form of repeated and unwelcomed jokes, slurs, comments, visual images, or innuendos based on a protected class. Even mutually agreeable behavior, or behavior accepted between two or more people, can be offensive to others; for this reason, it is prohibited in the workplace.

Sexual harassment is a form of discrimination that includes unwelcome verbal or physical conduct of a sexual nature when: submission to the conduct is implicitly or explicitly made a term or condition of employment/volunteer work; submission to or rejection of the conduct is used as the basis for a decision affecting the individual; or the conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive environment.

Agency managers/liaisons will not tolerate any behavior that negatively focuses on a protected class. Although a behavior or pattern of behavior might not constitute illegal discrimination, it might still violate this rule. Agency managers/liaisons who observe behaviors that could be viewed as discrimination or harassment shall stop the behavior and notify their agency's EEO officer, ADA coordinator, or human resources representative.

RETALIATION

Agency managers/liaisons will not retaliate or allow, condone, or encourage others to retaliate against any customer, applicant, volunteer or current or former employee for opposing unlawful discriminatory practices, filing a discrimination complaint or participating in a discrimination proceeding, including testifying in court. Agency managers/liaisons who become aware of retaliation shall inform the agency's human resource staff, EEO officer, or ADA coordinator, who will advise management on the appropriate course of action.

COMPLAINTS

Agency managers/liaisons shall encourage employees, volunteers, applicants, clients, and customers who believe they have been discriminated against or harassed to contact their supervisor, another manager/liaison, or the agency's EEO officer, ADA coordinator, or human resources staff. Complaints may be oral or in writing; however, complainants are encouraged to use the Department of Administration's complaint form found at <http://hr.mt.gov/newresources>.

An agency representative who receives a complaint or becomes aware of allegations of discrimination or harassment shall promptly notify the human resources staff, EEO officer, or ADA coordinator, regardless of their perception of the validity of the complaint.

A representative appointed by the Agency shall begin an investigation upon receiving a complaint. The investigator shall gather evidence to determine a "cause" or "no-cause" finding.

Agency managers/liaisons shall make every attempt to protect the privacy of individuals involved in the complaint process; however, individual privacy cannot be guaranteed. Agency managers/liaisons may not prohibit employees from discussing a complaint or ongoing investigation with coworkers unless management conducts an individualized assessment and demonstrates that one of the following factors exists: there are witnesses in need of protection; evidence is in danger of being destroyed; testimony is in danger of being fabricated; or there is a need to prevent a cover-up.

In addition to the internal complaint process, complaints may be filed with the following agencies: Montana Human Rights Bureau, (406) 444-4356, (800) 542-0807 www.montanadiscrimination.com; or United States Equal Employment Opportunity Commission (EEOC) (800) 669-4000, TTY (800)-669-6820, ASL Video (844) 234-5122. Service members and veterans who believe they have been discriminated against based on military service or veteran status may contact: The Employer Support of the Guard and Reserve at (800) 336-4590; or the Veterans' Employment and Training Service (VETS) at (866) 487-2365. Service members and veterans may submit a formal, online complaint at <http://webapps.dol.gov/elaws/vets/userra/1010.asp>.

RULE VIOLATIONS

Individuals who violate these rules are subject to discipline, up to and including discharge. A rule violation includes managers/liaisons who allow discrimination to occur or fail to take appropriate action to correct inappropriate behavior, including discrimination or harassment.

Failure to investigate in a proper and timely manner, interference with an investigation, failure to cooperate with an investigator, or making a false statement to an investigator may result in disciplinary action, up to and including discharge.

**ACKNOWLEDGEMENT OF
RECEIPT OF
EEO, Nondiscrimination, & Harassment Prevention Policy**

I, _____ (volunteer name--[please print]),
have been provided with a copy of the EEO, Nondiscrimination, & Harassment Prevention
Policy and acknowledge I am responsible for knowing and abiding by its contents.

The provisions of this policy may be modified or eliminated at any time, and changes will be
provided when made.

***It is my responsibility to know the policy and will discuss with my Liaison any questions
regarding it.***

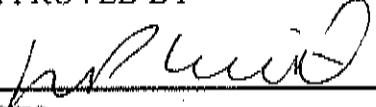
Signature of Volunteer: _____



Date Received: _____

**ACCEPTABLE USE of IT RESOURCES
POLICY SUMMARY**

**MONTANA FISH, WILDLIFE & PARKS
TECHNOLOGY SERVICES DIVISION**

ISSUED 11-16-17	REVISED
RETIRED	
APPROVED BY 	
Name	
CIO	
Title	

TITLE: ACCEPTABLE USE of IT RESOURCES POLICY SUMMARY

PURPOSE:

To provide an executive summary of State of Montana and FWP information technology (IT) policies pertaining to acceptable behavior that FWP employees and contractors will be held accountable. This summary is not all inclusive. FWP employees and contractors are responsible for reviewing and following all State and agency policies, statutes and guidelines.

This summary supersedes the 2012 FWP Acceptable Use Policy.

RELATED, STATUTES, POLICIES, AND GUIDELINES:

- a. Montana Code Annotated - Code of Ethics §2-2-103
- b. Montana Information Security Policy (2015)
- c. Montana Information Security Policy – Appendix A (2015)
- d. Montana Operations Manual – Cellular Devices Policy (2016)
- e. Montana Operations Manual - Electronic Mail Policy (2011)
- f. Montana Operations Manual – Enterprise Mobile Device Management Policy (2016)
- g. Montana Operations Manual - Social Media Policy (2015)
- h. Montana Operations Manual - Social Media Guidelines (2017)
- i. Montana Operations Manual – SummitNet Acceptable Use Policy (2011)
- j. MT-ISAC - Acceptable Use of IT Resources Summary (2017)
- k. SITSD - Identification and Authentication Policy (2015)
- l. FWP Mobile Device and Services Policy (2014)

FOUNDATION

FWP IT resources provide the structure and the tools for staff to complete their work, meet the needs of the public, and meet the objectives of the agency. All the agency's IT resources are managed and overseen by the Technology Services Division (TSD).

These resources include IT hardware (laptops and desktop computers, printers, servers, cables, etc.), IT software (MS Office, Adobe, GIS programs, FWP developed applications, etc.), mobile devices (cell

phones, tablets, etc.), IT Services (RFPs, contracts, staff augmentation, etc.), and program specific technology (wildlife tracking collars, electronic fish tags, photographic equipment, etc.).

STANDARDS

The following is an executive summary of FWP's IT policies, applicable IT policies established by the Department of Administration's Statewide Information Technology Services Division (SITSD), and other relevant policies.

FWP staff are required to review the full policy documents so they are knowledgeable of user expectations, penalties for non-compliance, and details related to each policy. All policies referenced in this document are available electronically via the Internet or in paper form from TSD.

I. Device Use

- Access to IT resources in the form of devices and facilities are issued in accordance with performing assigned duties for the benefit of the people of Montana.
- There is no expectation of privacy while using the department's IT resources. All activity can be logged, monitored, and reviewed.
- Work-related files and electronic information shall be stored on TSD approved storage services to ensure the document(s) are backed up.
- Use of unapproved cloud-based services for data storage, transfer, etc. is prohibited.
- Employees must never attempt to gain access to, disclose, or remove any user ID, information, software, or file that is not their own and for which they have not received explicit authorization to access.
- Users shall not interfere with, encroach on or disrupt others' use of the FWP's shared IT resources. For example, by
 - playing computer games, streaming non-work-related video or music, sending excessive messages, attempting to crash or tie up a State computer.
 - damaging or vandalizing State computing facilities, equipment, software, or computer files.
- Users shall not knowingly transfer or allow to be transferred to, from or within the agency, textual or graphical material commonly considered to be child pornography or obscene as defined in §45-8-201(2), MCA.
- Users shall not connect *non-State-owned* storage media (USB storage devices, external or internal hard drives), including *personal* mobile devices (iPads, Kindles, smartphones, etc.) to the workstation or internal network.
- Duplicating, transmitting, or using software not in compliance with software license agreements is considered copyright infringement.
- IT resources must not be used for private, commercial, or political purposes.
- FWP allows incidental, non-excessive personal use of IT resources at an employee's supervisor's discretion.
- All hardware and software, including downloaded software, shall be authorized, purchased, and installed by authorized TSD staff prior to use.
- Remote Access to FWP's internal network must be authorized by a supervisor and utilize the department's approved software.
- Users shall report missing or stolen IT hardware immediately to their supervisor and TSD's ServiceDesk.

- Users shall notify TSD's Service Desk and supervisor in the event of a security incident or if the IT device is acting unusual, e.g. slow performance or response times, unexpected pop-up advertisements, etc.
 - Devices must be locked before leaving them unattended.
2. Passwords
- Passwords should be strong, with a minimum of 8 characters. Users are required to have a combination of upper and lower case with special and numerical characters contained in their passwords.
 - Passwords must never be shared with *ANYONE*.
 - Users must secure their password at all times. Passwords are not to be written down (e.g., taped to monitor or under keyboard).
 - Personal information must never be used in a password (e.g. SSN or date of birth).
3. Internet
- Internet usage is provided for the opportunity it gives state employees and contractors to accomplish their job duties and conducting state business.
 - The State-provided Internet access is not to be used excessively for private, recreational or personal activities.
 - Examples of unacceptable uses are but not limited to:
 - Transmitting, retrieving, viewing, disclosing or storing of any materials defined as obscene by §45-8-201 MCA, advocating violence against others or their property according to 45-5-221 MCA, regarded as sensitive or proprietary (e.g. personal information, criminal history, social security numbers, etc.), any activities relating to any private or union business, Internet gambling, gaming, and personal shopping (e.g. E-Bay), downloading/accessing steaming music/videos/broadcasts, or unauthorized use of social media websites (e.g. Twitter, Facebook).
4. Electronic Mail
- Shall be used for conducting state business. FWP permits incidental, non-excessive personal use of email.
 - Email is considered public record. Employees should have no expectations of privacy. (See <https://sos.mt.gov/records/defined> for additional info.)
 - State email accounts must not be used to sign up for nonwork related website accounts, mailing lists, etc.
 - Personal email account(s) shall not be used for work-related business.
 - State email accounts should not be used to circulate chainmail, spam, or inappropriate materials (e.g. sexually offensive, harassing, violent, etc.)
 - State email accounts should not send sensitive information to other parties unless authorized by agency and transmitted by secure approved methods (e.g. encryption or File Transfer Service)
5. Social Media
- Supervisor approval is required for use of these websites work-related purposes.
 - Work-related communications should be professional and consistent with the agency's

mission and the position's responsibilities.

6. Mobile Device Management

- Mobile device management is overseen by TSD's Network Service Bureau.
- Supervisor approval is required for the allocation and use of a State-owned mobile device.
- Personal use of state devices shall be limited to essential personal calls and state business.
- Staff are responsible for State-owned device equipment in their possession.
- While in the performance of state business, employees are responsible for operating state or private vehicles or other equipment in a safe and prudent manner while using mobile devices.
- Jailbroken or "rooted" devices will not be allowed to enroll in the enterprise MDM solution.

7. Sensitive Information

- Must not be stored, transferred, or copied to unauthorized locations.
- If there is a business need, sensitive information can be transferred by utilizing the State of Montana File Transfer Service or Enterprise Approved encrypted email.
- Staff are required to ensure any personally identifiable information is saved or stored in a secure location (e.g. electronically encrypted, laptop stored in a locked file cabinet, etc.).
- Report lost, stolen or compromised information to immediate supervisor and agency Information Security Manager.

Home-based State-owned Office Computers

Employees that have state-owned computers located in their homes due to assignment of a remote location shall be in accordance with these policies. Downloading unauthorized software from the Internet, a CD or thumb drive (i.e. games, tax software etc.) is prohibited as computer viruses could be transmitted through the FWP's IT network and onto the State's IT network. User of the home-based state-owned computers must adhere to all the policies previously described.

SmartCop Toughbooks Used by Game Wardens

Many wardens are assigned toughbooks specially designed for use in their state-assigned vehicles and configured to interface with the enforcement resources (i.e. CJIN). As with all IT resources, wardens are expected to keep the toughbook docked and locked within their vehicle and stored in a secured location when not in use per the requirements of FWP's MCT/SmartCop Policy (2016). User of the SmartCop toughbooks must adhere to all the policies previously described.

Union Activities

Acceptable use of union-related activities includes communications between union representatives and management representatives to schedule labor-management meetings or bargaining sessions, or to submit notice of contract ratifications.

However, conducting the business or activities of a labor union is prohibited, where the duties are not assigned to the employee by department management (i.e. using state email to disseminate union newsletters, announcements or advertisements to state employee members).



Montana Fish, Wildlife & Parks

Receipt of Acceptable Use of Computers Policies

I, _____ (print name) have read the State of Montana's computer use policies, FWP's Information Systems policy, and FWP's Technology Use Guide and agree to comply with all terms and conditions.

I agree that all computer activity conducted while doing State business and being conducted with State resources is the property of the State of Montana.

I understand that the State reserves the right to monitor and log all computer activity including e-mail and Internet use, with or without notice, and therefore I should have no expectations of privacy in the use of these resources.

I understand that misuse of the State of Montana computers as outlined in these policies may warrant disciplinary action.

Signed _____

Date _____



Fish, Wildlife & Parks Employee/Driver Agreement:

Vehicle Use Agreement;
DOA Fuel Card Policy & Fuel Card Use Employee
Agreement;
Driver PIN Request Form

Submit **ONE** copy by
Fax/Mail/Email to:
Your regional Human
Resources Specialist

- * By providing the below information, I understand and agree that my use of any department vehicle shall be exclusively, for the fulfillment of the Fish, Wildlife & Parks state business.
- * I understand that I am not to use the vehicle for any other reason whatsoever (human life-threatening medical emergency excepted). I agree to operate this vehicle in a safe, prudent, and lawful manner at all times and to **comply with the State of Montana and the Department of Fish, Wildlife & Parks motor vehicle laws and policies. Ref: MCA 2-9-101, 2-9-201 & 2-17-421, ARM 2.6.201 to 2.6.214 and FWP policy W-1.**
- * I acknowledge that I have read, understand, and will comply with the Dept. of Administration Fuel Card Policy and Fuel Card Use Employee Agreement. See attached Policy 1-0790.00 and Agreement.
- * Seat belts will be worn at all times by all vehicle occupants inside the vehicle when it is in motion. No unauthorized personnel will be allowed in department vehicle.
- * I certify that I possess a valid driver's license appropriate to the type of vehicle I may be driving. A personal email must be provided below for a driving record check to be completed. This is sent through our background check company Employer's Choice.
- * I agree to immediately notify my supervisor if the status of my driver's license changes, if I accumulate 5 or more conviction points while driving a vehicle for state business, or if I accumulate 12 or more conviction points while driving any vehicle for any reason.

Employee/Driver's Printed Name: _____

Employee/Driver's Signature: _____

Employee Email (Personal): _____

Driver's Phone Number: _____

Region & Division: _____ Employee ID Number: _____

Supervisor's Printed Name: _____ Supervisor's Phone Number: _____

Supervisor Verifies:

- * If Employee is under 18 years of age, they will not be required to drive during more than 1/3 of their schedule work hours.

Supervisor's Signature: _____

Driver Status (circle one): Full-time/Permanent Employee Part-time/Permanent Employee
Seasonal Intern AmeriCorps Other (please explain) Volunteer

- * If this employee is a **RETURNING** seasonal employee, this form must be completed each time they return and sent into Human Resources to have a pin issued for each season


- * It is required for all VOLUNTEERS, INTERNS, SEASONAL/STW EMPLOYEES to include an End Date

Employee/Driver's Start Date: _____ End Date: _____

- ☐ Verified – Driving Record Check has been completed within the last 5 years
☐ Sent to Fleet for PIN to be issued

Signature of HR Assistant/Generalist: _____ Date: _____

*** Montana Operations Manual – Policy Number 1-0790.00 – Section B.3. Through B.8. 3. Require each employee authorized to operate an agency-owned vehicle to read the fuel card policy and sign the fuel card use employee agreement form. 4. Retain this signed FWP Employee/Driver Form (FLEET02) for two years after the employee's termination date. 5. Assign a unique PIN number to each authorized employee. Generic PINS are prohibited. 6. Manage internal controls in accordance with the agency's procedures. 7. Maintain a record of the agency's approved exceptions to Fuel Card Use Policy.

	Montana Operations Manual <i>Policy</i>	Policy Number	1-0790.00
		Effective Date	9/22/2010
		Last Revised	
Issuing Authority	Department of Administration		
Fuel Card Policy			

I. PURPOSE

The policy establishes the requirements for managing and using fuel cards for efficient and cost-effective fuel and maintenance purchases when conducting State business.

II. SCOPE

This policy applies to Executive Branch agencies that operate agency-owned, fuel-powered vehicles and equipment. The Montana Department of Transportation's daily-use and agency-leased motor pool vehicles are exempt from this policy.

III. PROCEDURES / REQUIREMENTS / RESPONSIBILITIES

A. Agencies must:

1. Use the Department of Administration's (DOA) State Procurement Bureau's exclusive fuel card contracts.
2. Designate an authorizing official(s) to oversee its fuel card procedures. Provide the authorizing official's personal contact information to the DOA's State Procurement Bureau.
3. Establish procedures and assign responsibilities to manage fuel card use. Procedures and responsibilities must include the following:
 - a. Collect and compare monthly vehicle odometer readings to the vehicle's monthly fuel transactions to ensure fuel consumption is appropriate for the vehicle.
 - b. Retain monthly statements.
 - c. Resolve billing disputes.

If an error is found on a statement (e.g., employee did not make the transaction, incorrect amount, etc.), the vendor must be contacted by the agency to try to resolve the dispute. If the vendor agrees an error has occurred, the account is credited on the next statement.

If the vendor does not agree an error has occurred, the disputed transaction will be identified and submitted in writing to the card provider within 60 days of the transaction date. The amount due on the next monthly statement will be reduced by the amount of the disputed item until the transaction dispute is resolved. If a dispute is not submitted within 60 days of the transaction date, the agency is responsible for paying the disputed item.

4. Establish internal controls for using fuel cards. Available controls include:

- a. Limit on the number of transactions during a certain time period (day, month, week).
- b. Limit dollar amount per transaction.
- c. Limit Merchant Category Codes.
- d. Restrict purchases to specific hours of the day or days of the week.
- e. Require odometer reading at the point-of-sale.

Note: Default fuel card controls limit purchases to fuel and maintenance and allow three transactions per day up to a total of \$500.

B. Authorizing Official(s) will:

1. Assign a fuel card to each agency-owned vehicle showing the vehicle's license plate number on the front of the card.
2. Issue separate fuel cards for non-vehicular uses (e.g., lawn mower).
3. Require each employee authorized to operate an agency-owned vehicle to read the Fuel Card Policy and sign the Fuel Card Use Employee Agreement Form (attached) before they receive a Personal Identification Number (PIN).
4. Retain the signed Fuel Card Use Employee Agreement Form for two years after the employee's termination date.
5. Assign a unique PIN to each authorized employee. Generic PINs are prohibited.
6. Manage internal controls in accordance with the agency's procedures.
7. Immediately cancel fuel cards that are lost, stolen, or assigned to a vehicle that is transferred, sold, or surplused.
8. Maintain a record of the agency's approved exceptions to the Fuel Card Use policy.

C. Employees authorized to use fuel cards must:

1. Read the Fuel Card Policy.
2. Sign the Fuel Card Use Employee Agreement Form acknowledging their responsibilities for fuel card use.

Note: Employees are prohibited from using premium grade fuel unless required by the vehicle operation manual.

D. Supervisors of authorized employees must:

Review and approve monthly fuel card transactions for each authorized employee under their supervision and ensure fuel card use is consistent with the employees' work assignments.

IV. REQUEST FOR EXCEPTIONS

The authorizing official may submit a request for an exception to any part of this policy to the DOA's State Procurement Bureau. The State Procurement Bureau will determine if an exception is granted based on the following criteria:

- A. The policy has created an undue hardship on the agency;
- B. The circumstances are non-traditional and require unique accommodation; or
- C. The exception will not compromise internal controls.

V. VIOLATIONS

Each agency is responsible for policy enforcement and investigating all alleged violations and complaints. Agencies will take appropriate disciplinary action including, but not limited to, cancellation of an employee's fuel card privileges, termination, and possible criminal charges.

VI. DEFINITIONS

- A. **Authorized Employee:** An employee designated to use a fuel card.
- B. **Authorizing Official:** An individual(s) designated by the agency to authorize and cancel fuel cards, manage internal controls, and maintain a record of the agency's exceptions.
- C. **Card Provider:** The State's contracted fuel card provider.
- D. **Ethanol-Blended Gasoline:** A fuel mixture of gasoline and ethanol produced from agricultural products as defined in 2-17-414, MCA.
- E. **Generic PIN:** A PIN not directly assigned to a single individual. Generic PINs are prohibited.
- F. **Merchant Category Code:** A number used by the fuel card vendor to classify suppliers into market segments.
- G. **Personal Identification Number (PIN):** A unique number assigned to an individual.
- H. **Vehicle Maintenance:** Expenses including gas, oil, repairs, labor, storage, and service.
- I. **Vendor:** The point-of-sale for a fuel or vehicle maintenance purchase.
- J. **Non-Vehicular Use:** Uses associated with equipment such as a lawn mower, snow sweeper, leaf blower, or chainsaw.

VII. CROSS REFERENCE GUIDE

The following laws, rules, or policies contain provisions relevant to fuel purchasing cards. This list is not exhaustive; other policies may apply.

- A. ARM 2.6.203 Authorized Driver – definition.
- B. 2-17-414, MCA State vehicles use of ethanol-blended gasoline – definition
- C. 2-17-418, MCA Agency records on fuel efficiency measures

- D.** 2-17-421, MCA Use – state business only – exception, compensation for driving personal vehicle – penalty for private use
- E.** 2-17-425, MCA Limit on use of state vehicle to commute to worksite – definitions
- F.** Title 18, Chapter 4, MCA Montana Procurement Act

VIII. CLOSING

For questions about this policy, contact the State Procurement Bureau at:

Department of Administration

State Procurement Bureau

125 N. Roberts Street, Mitchell Building, Room 165

Helena, MT 59620-0135

406-444-3366

Rick Dorvall, email: rickdorvall@mt.gov

STATE OF MONTANA
FUEL CARD USE EMPLOYEE AGREEMENT

1. I have read, understand, and will comply with the Fuel Card Policy.
2. I understand I am required to use ethanol-blended gasoline when the manufacturer allows and I am prohibited from using premium grade fuel unless required by the vehicle operations manual.
3. I agree to use the card for all fuel purchases unless obtained from a state-owned bulk site with a manual transaction process.
4. I will immediately notify the authorizing official if a card is lost or stolen or if my PIN is compromised.
5. I understand that I am required to comply with internal control procedures.
6. I agree not to share my Personal Identification Number (PIN) with any other person.
7. I understand I can only use the card for fuel and authorized vehicle maintenance purchases for state-owned vehicles.
8. If I misuse the card for personal purchases, I authorize the State to deduct from my salary or from other monies owed me, an amount equal to the total of the personal purchases. I also agree to allow the State to collect any amounts owed by me even if the State no longer employs me.
9. I understand improper use of this card may result in disciplinary actions, including termination of employment and criminal action.
10. I understand the State may terminate my card use privileges at any time for any reason.

By Signing FWP Form FLEET02 – FWP Employee/Driver Agreement – You are agreeing to the terms outlined above on the Fuel Card Use Employee Agreement

MONTANA FISH, WILDLIFE & PARKS
VOLUNTEER HOURS REPORT
SUBMITTED BY THE 10TH DAY OF EACH QUARTER FOR PREVIOUS QUARTER
(January 10th, April 10th, July 10th, and October 10th)

LIAISON NAME (Please Print) _____ PHONE (____)____-____ EMAIL: _____
PROJECT # _____ TOTAL NUMBER OF VOLUNTEER HOURS FOR PREVIOUS QUARTER _____ WORK COMP CODE (can be found on following page) _____
<i>**USE ADDITIONAL RECORDS BELOW IF YOU REPORT VOLUNTEER HOURS FOR MORE THAN ONE PROJECT# OR WORK COMP CODE IN ONE QUARTER**</i>
PROJECT # _____ TOTAL NUMBER OF VOLUNTEER HOURS FOR PREVIOUS QUARTER _____ WORK COMP CODE (can be found on following page) _____
PROJECT # _____ TOTAL NUMBER OF VOLUNTEER HOURS FOR PREVIOUS QUARTER _____ WORK COMP CODE (can be found on following page) _____
PROJECT # _____ TOTAL NUMBER OF VOLUNTEER HOURS FOR PREVIOUS QUARTER _____ WORK COMP CODE (can be found on following page) _____

Workers' Compensation Codes for Volunteer Services

Arranged By Description	Code	Arranged By Code	Description
Accounting Assistant	8811	7424	Aircraft Pilot
Administrative Assistant	8811	8744	Civil Engineering Assistant
Aircraft Pilot	7424	8744	Compliance Assistant
BOW Staff	9412	8744	Education Program Administrator
Biological Lab Assistant	9412	8744	Financial Examiner Assistant
Biology Research Specialist	9412	8744	Grants Contracts Coordinator (volunteer groups)
Block Management Assistant	9412	8744	Instructional Coordinator
Camp Host	9412	8744	Land Agent Assistant
Civil Engineering Assistant	8744	8744	Museum Exhibit Specialist
Compliance Assistant	8744	8744	Project Facilitation Specialist
Conservation Aide Assistant	9412	8744	Public Relations Specialist (volunteer groups)
Conservation Specialist Assistant	9412	8811	Accounting Assistant
Conservation Technician Assistant	9412	8811	Administrative Assistant
Cooks	9412	8811	Customer Service Assistant
Customer Service Assistant	8811	8811	Planner
Drivers (shuttle vehicles/ trailers)	9422	8811	Snowmobile members (Meetings & bookkeeping)
Education Program Administrator	8744	9412	BOW Staff
Enforcement Ride Alongs	9412	9412	Biological Lab Assistant
Exhibit Booth Workers	9412	9412	Biology Research Specialist
Financial Examiner Assistant	8744	9412	Block Management Assistant
Fish Culture Specialist Assistant	9412	9412	Camp Host
Fish Wildlife Biologist Assistant	9412	9412	Conservation Aide Assistant
Grants Contracts Coordinator (volunteer groups)	8744	9412	Conservation Specialist Assistant
Groundskeeper Assistant	9412	9412	Conservation Technician Assistant
Herder	9412	9412	Cooks
Historical Specialist Assistant	9412	9412	Enforcement Ride Alongs
Hunters Education Personnel	9412	9412	Exhibit Booth Workers
Instructional Coordinator	8744	9412	Fish Culture Specialist Assistant
Land Agent Assistant	8744	9412	Fish Wildlife Biologist Assistant
Mail Clerk Assistant	9412	9412	Groundskeeper Assistant
Maintenance Worker- Trails/ Site work	9422	9412	Herder
Museum Exhibit Specialist	8744	9412	Historical Specialist Assistant
Parks Management Specialist	9412	9412	Hunters Education Personnel
Planner	8811	9412	Mail Clerk Assistant
Project Facilitation Specialist	8744	9412	Parks Management Specialist
Public Relations Specialist (volunteer groups)	8744	9412	Sample Collecting
Sample Collecting	9412	9412	Survey Interviewer
Snowmobile members (Maintenance & Grooming)	9422	9412	Tour Guide
Snowmobile members (Meetings & bookkeeping)	8811	9412	Veterinarian
Survey Interviewer	9412	9412	Water Conservation Assistant
Tour Guide	9412	9422	Drivers (shuttle vehicles/ trailers)
Veterinarian	9412	9422	Maintenance Worker- Trails/ Site work
Water Conservation Assistant	9412	9422	Snowmobile members (Maintenance & Grooming)