

Perch Base, United States Submariners

Flash Traffic

Number: #04-02-2024

Date: 4/07/2024

Subject: AZ Silent Service Memorial Maintenance

A CALL FOR VOLUNTEERS: A general clean up event will be held at the Arizona Silent Service Memorial (ASSM) at Wesley Bolin Plaza on April 15th starting at 0800. The event will include:

- Wire brushing and repainting of the rusting joints on the handrails.
- Cleaning of all plaques.
- Removal of weeds and debris, especially in the rock covered areas.
- Installing three new pavers.

All volunteers **must** fill out the attached Volunteer Registration Form's first page and return it to Joe Trotter (jwt728@gmail.com) ASAP. Your assistance will be greatly appreciated. Contact Joe Trotter, ASSM President, for more information at 724-854-0515.

This is an official email communication from the USSVI Perch Base and does not require a response.



Risk Management Division

VOLUNTEER REGISTRATION FORM

Page 1 of this form is to be completed by the Volunteer: (Please print)

VOLUNTEER NAME: _____

MAILING ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

LIABILITY COVERAGE: Volunteers are persons doing State of Arizona work / activities under the direction and control of a State authorized official and are not being paid. Liability coverage is extended to volunteers acting at the direction of a State official and within the course and scope of their State authorized activities. Volunteers of the State are provided the same liability protection afforded employees. Thus, volunteers acting within the course and scope of their State authorized activities may be covered for their liability exposure as authorized volunteers of the State.

WORKERS' COMPENSATION IS NOT COVERED: Volunteers are NOT covered by the State's workers' compensation plan if injured while participating in this program (except for volunteers covered pursuant to [A.R.S. 23-901.06](#)). Volunteers are strongly encouraged to obtain their own medical insurance before participating in this program. When there is no other insurance in place, Risk Management has a purchased volunteer accident medical and AD&D program. Claim forms can be obtained by selecting [link](#).

Do you have health insurance? Yes No If yes, please provide the following information:

Health Insurance Carrier: _____ Policy #: _____

I have carefully read and understand the information above. The information that I have provided on this form is correct.

Volunteer Signature

Date

The Supervisor must complete page 2 of this form



Risk Management Division

**VOLUNTEER REGISTRATION FORM
(CONTINUED)**

The Supervisor must complete this page

VOLUNTEER NAME: _____

VOLUNTEER DUTIES: _____

START DATE: _____ END DATE: _____

STATE AGENCY: _____

DIVISION: _____

SUPERVISOR NAME: _____ PHONE: _____

SUPERVISOR TITLE: _____

VEHICLE INFORMATION

	Yes	No
Will the volunteer be driving a State owned or rented vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, will this vehicle be an 8- to 15-passenger van?	<input type="checkbox"/>	<input type="checkbox"/>
Does the volunteer have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
Have you checked the volunteer's Motor Vehicle Record?	<input type="checkbox"/>	<input type="checkbox"/>
Does the volunteer have previous experience driving an 8- to 15-passenger van?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, describe experience: _____		
Has the volunteer successfully completed the mandatory 15-passenger van training course?	<input type="checkbox"/>	<input type="checkbox"/>

Expiration date of the Van Certification Card: _____

Supervisor Signature

Date