Lake Metonga Friends and Property Owners,

In the past, it has been proven on Lake Metonga that when there is an overabundance of bullheads, it negatively impacts the walleye and perch populations. In 2021, the Lake Metonga Fisheries Committee along with Mole Lake Fisheries and the DNR implemented a bullhead removal program.

2021 was a successful year for bullhead removal. Mole Lake Fisheries spent approximately 25 back breaking hours collecting over 12,500 adult bullheads and volunteers collected approximately 750,000 to 1 million bullhead minnows last summer. Due to these efforts, when the DNR did there 2021 Fall Survey, there was an average of 34.1 age-0 walleye per mile. In comparison, 2019 and 2020 only averaged 3 age-0 walleye per mile.

However, 2022 needs to be another banner year! Mole Lake Fisheries plan on spending more hours this year than last electroshocking. We, the Lake Metonga Fisheries Committee, hope that additional volunteers will come on board to collect the bullhead minnows this summer.

Like last year, the DNR requires using the Volunteer Agreement Form and Bullhead Removal Project Volunteer Letter. Like a fishing license, paperwork needs to be done annually. Unlike a fishing license, this process is free of charge.

Attached/Enclosed you will find the volunteer agreement form. Below are the directions depending on whether you <u>email the form OR mail the form</u>.

Watch for upcoming information early this summer on our 2022 incentive and pier collection program. Thank you for participating! Let's make 2022 a banner year!

Lake Metonga Fisheries Committee

DIRECTIONS:

If sending form by MAIL (United States Postal Service):

- 1. Complete all applicable spaces in top 4 lines of the Volunteer Agreement Form
- 2. Sign and date at bottom of form
- 3. Mail completed form to: Grant Reed 6670 Wintergreen Trail Sobieski WI 54171
- 4. When we receive your form, the Bullhead Removal Project Volunteer Letter (from the DNR), the Bullhead Removal Log Sheet, and a copy of your Volunteer Agreement Form will be mailed back to you. SAVE THESE FORMS!
- 5. If questioned by a conservation officer, game warden, etc. you must show the Volunteer Agreement Form AND the Bullhead Removal Volunteer Letter.
- 6. Submit bullhead removal data to Grant. Directions are on the bottom of the log sheet.

If sending form ELECTRONICALLY (email):

- 1. Complete all applicable spaces in top 4 lines of the Volunteer Agreement Form
- 2. Sign and date at bottom of form
- 3. Take a picture or scan completed form to gmreedi@gmail.com
- 4. KEEP original form
- 5. When we receive your form, the Bullhead Removal Project Volunteer Letter (from the DNR), and the Bullhead Removal Log Sheet will be emailed to you. SAVE THESE FORMS!
- 6. If questioned by a conservation officer, game warden, etc. you must show the Volunteer Agreement Form AND the Bullhead Removal Volunteer Letter.
- 7. Submit bullhead removal data to Grant. Directions are on the bottom of the log sheet.



Volunteer Agreement							
Volunteer Name		Position Title					
		Volunteer					
Address		City			State	ZIP + 4	
Daytime Phone No. Cell Phone No.		Email Address					
Emergency Contact		Emergency Contact Daytime Phone Number					
			y comao		, rturno o		
Dates of Agreement (mm/dd/ccyy)	Scheduled Hours/Week		Schedule (e.g., every Friday, Wednesday through				
				Saturday, varies,		,	
From 5/1/2022 To 11/30/2022	N/A	N/A					
Volunteer Location							
Name of State Agency		Site/Program/Activity					
Wisconsin Department of Natural Resources		Lake Metonga/Fisheries Management/Bullhead Removal					
Address		City		State	ZIP+4		
5631 Forestry Drive		Florence		WI	54121		
Volunteer Supervisor Name		Title			Phone Number		
Gregory Matzke		Fisheries Biologist			715-528-4400 5		

This agreement for volunteer services is entered into by and between the volunteer and the State agency named above. The volunteer and the State agency mutually agree to the following responsibilities:

Volunteer

- 1. Will be under the supervision, direction and control of the supervisor named above.
- 2. Shall be available for scheduled service time(s) listed above.
- 3. Understands that s/he is a volunteer and NOT an employee of the State of Wisconsin or the State agency named above and is not eligible for any benefits, including Worker's Compensation.
- 4. Understands all duties expected to be performed that appear on the Position Description and that additional duties may be added as needed.
- 5. Understands all work rules that are to be followed.
- 6. Understands that the State agency named above will provide no compensation.
- 7. If volunteer will be driving a State vehicle as part of his/her assigned duties, s/he will only do so after completing a Volunteer Driver Vehicle Use Agreement (DOA-3685), receiving and understanding the statewide Fleet Driver and Management Policies and Procedures, meeting the minimum driving standards, receiving proper authorization to drive a State vehicle, and, when driving a vehicle, will strictly follow the route designated by the agency.

State Agency Named Above

- 1. Will provide the volunteer with a Position Description describing duties to be performed.
- 2. Will provide training required to perform the agreed upon duties.
- 3. Will educate volunteers on safety awareness in the workplace.
- 4. Will provide necessary volunteer safety and equipment related items.
- 5. Will subsequently and periodically review work performance with the volunteer.
- 6. Will regard the volunteer as an agent of the State as provided in s. 895.46, Wis. Stats. As an agent of the State, the volunteer will be entitled to all the protections provided by s. 895.46, Wis. Stats.
- 7. Will review and update this Volunteer Agreement on at least an annual basis.

Either the volunteer or the State agency named above may cancel this agreement at any time.

Volunteer's Signature	Date (mm/dd/ccyy)			
Authorized State Agency Representative Signature	Date (mm/dd/ccyy) 04/04/2022			

This document can be made available in alternate formats to individuals with disabilities upon request.

LMA Volunteer: Be sure to take a picture or scan of completed form, keep original and send copy to: Grant Reed at 6670 Wintergreen Trail Sobieski, WI 54171 or email (preferred) to gmreedi@gmail.com