

Volunteer Service Agreement



INSERT State Park Region and Regional Address

Please Print

Name:	Location/Facility:
Street:	Date(s) of Service:
City/State/Zip:	To:
Telephone #:	From:

Social Security #:XXX-XX- (only enter the last four digits)	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state age: (Parent or guardian must sign below if under 18)
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Description of Volunteer Service:

In Case of Emergency Notify:

Name:	Address:
Telephone:	City/State/Zip:

I certify, to the best of my knowledge, that the statements I have made are true and correct. I understand that the volunteer services described above are to be performed at no cost to the state. I will be required to comply with all regulations of the Office of Parks, Recreation & Historic Preservation ("OPRHP") and the regulations and procedures of the INSERT Region.

The INSERT Region of the Office of Parks, Recreation & Historic Preservation agrees, during the period of service, to provide for the volunteer Worker's Compensation coverage to the extent provided by law. If I am injured, I agree to promptly notify OPRHP and OPRHP shall process my claim under the Worker's Compensation Law. As a volunteer, I am also entitled to defense and indemnification pursuant to the Public Officers Law § 17. I agree to immediately notify OPRHP's Counsel's Office at (518) 486-2921 should I require such defense and indemnification. The personal information on this form will be treated as private pursuant to the Personal Privacy Protection Act.

(Date)	Signature of Volunteer
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(Date)	Signature of Park Manager or Designee
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If you are not 18 years of age or older, a parent or guardian must complete the following statement:

I have read the Volunteer Services Agreement and confirm that _____ has my permission to participate as a volunteer in the program described for the INSERT Region.

(Date)	Signature of Parent or Guardian
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This form is valid for the calendar year in which it is signed if it is being used for multiple volunteer days.