



# Volunteer Service Agreement

\_\_\_\_\_  
*INSERT State Park Region and Regional Address*

**Please Print**

|                        |                            |
|------------------------|----------------------------|
| <b>Name:</b>           | <b>Location/Facility:</b>  |
| <b>Street:</b>         | <b>Date(s) of Service:</b> |
| <b>City/State/Zip:</b> | <b>To:</b>                 |
| <b>Telephone #:</b>    | <b>From:</b>               |
| <b>email:</b>          |                            |

Are you 18 years of age or older?  
 Yes  No If no, state age:  
 (Parent or guardian must sign below if under 18)

**Description of Volunteer Service:**

|  |
|--|
|  |
|--|

**In Case of Emergency Notify:**

|                        |                        |
|------------------------|------------------------|
| <b>Name:</b>           | <b>Address:</b>        |
| <b>Telephone:</b><br>" | <b>City/State/Zip:</b> |

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 \_\_\_\_\_Region.

The \_\_\_\_\_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 may be 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 |
|--------|------------------------|

|        |                                       |
|--------|---------------------------------------|
| (Date) | Signature of Park Manager or Designee |
|--------|---------------------------------------|

**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 \_\_\_\_\_ Region.

|        |                                 |
|--------|---------------------------------|
| (Date) | Signature of Parent or Guardian |
|--------|---------------------------------|

This form is valid for the calendar year in which it is signed if it is being used for multiple volunteer days.