



# Volunteer Service Agreement

NYS-OPRHP Taconic Region  
9 Old Post Road  
Staatsburg, NY 12580

**Please Print**

<b>Name:</b>	<b>Location/Facility:</b> <u>Old Croton Aqueduct</u>
<b>Street:</b>	<b>Date(s) of Service:</b> <u>June, July, August and Sept. 2023</u>
<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:**  
invasive plant management and restoration with native plants

**In Case of Emergency Notify:**

<b>Name:</b>	<b>Address:</b>
<b>Telephone:</b> "	<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 Taconic Region.

The Taconic 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.