

## INSTRUCTIONS FOR VOLUNTEERS SERVICE AGREEMENT:

---

### Biographic Information:

- Print your name, address, and telephone number in the space provided.
- You must enter the last four digits of your Social Security number.
- Check Yes or No to indicate whether or not you are older than 18. If "No", please have your parent or guardian complete the bottom of the form.

### Location/Facility:

- Volunteers only need to complete one form each year for each region. If you maintain a section of trail in more than one region, and/or work on a trail crew, you have to complete multiple forms for each region.
- You will be in either the Palisades region (west of the Hudson) or the Teconic region.(East of the Hudson)

### Description of service:

- Describe your volunteer activity in the appropriate box.

### Emergency Contact:

- Enter the name and contact information for an emergency contact person.

### Read, sign, and date:

- Read, **sign**, and date the Volunteer Service Agreement.

### Parents or Guardians of minors:

- Write the name of the child you are legally responsible for in the space provided and sign and date the form.

### Mail completed form to:

(1) If you volunteer on lands <b>EAST</b> of the Hudson River, (i.e. Hudson Highlands or Fahnestock State Parks) please return your form to:	<b>OR</b>	(2) If you volunteer <b>WEST</b> of the Hudson River in parks such as Harriman/Bear Mountain or Sterling Forest State Park, please return your form to:
Taconic Regional Office Attention: Gerry Covert New York State OPRHP P.O. Box 308 Staatsburg, NY 12583		Palisades Regional Office Attention: Stephanie Broadnax Palisades Interstate Park Commission P.O. Box 427 Bear Mountain, NY 10911

If you have any questions or concerns, please contact John Leigh at the Trail Conference office at (201) 512-9348. Ex 22

Thank you for your time and cooperation.

# 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>

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>	<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 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 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

<b>If you are not 18 years of age or older, a parent or guardian must complete the following statement:</b>	
I have read the Volunteer Services Agreement and confirm that _____ has my permission to participate as a volunteer in the program described for the <u>INSERT</u> 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.