Volunteer Service Agreement

_____

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?** **☐ Yes ☐ No If no, state age:** **(Parent or guardian must sign below if under 18)**

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 _____ 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 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**

(Date) **Signature of Park Manager or Designee**

<u>If you are not 18 years of age or older, a parent or guardian must complete the following statement</u>:
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.