

## INSTRUCTIONS FOR TACONIC VOLUNTEER SERVICE AGREEMENT PDF FORM

---

*Note: Alternatively, there is an easy, fillable online form available at <https://arcg.is/1Se1H90>*

### Contact Information:

- Print your name, address, and telephone number in the space provided.
- 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 need to complete the form once a year for each park where they volunteer.
- If you also volunteer on the west side of the Hudson River, you must also complete the Palisades Region form (or fill out the online form, linked above, which covers both regions).
- When you fill out the form, select all parks within the Taconic Region where you will be volunteering:

Clarence Fahnestock Memorial State Park  
Donald J. Trump State Park  
Hudson Highlands State Park Preserve  
FDR State Park  
Taconic State Park  
Wonder Lake State Park

Mills Norrie State Park (Margaret Lewis Norrie)  
Rockefeller State Park Preserve  
Old Croton Aqueduct State Historic Park  
James Baird State Park  
John Jay State Historic Site

### Description of service:

- Select the options that best describe your volunteer activities.

### Emergency Contact:

- Enter the name and contact information for your emergency contact.

### 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:

Taconic Regional Office  
Attention: Gerry Covert  
New York State OPRHP  
P.O. Box 308  
Staatsburg, NY 12583

If you have any questions or concerns, please contact us at [volunteer@nynjtc.org](mailto:volunteer@nynjtc.org).

Thank you for your time and cooperation.



# Parks, Recreation and Historic Preservation

## TACONIC REGION 2021 VOLUNTEER SERVICE AGREEMENT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Social Security #: XXX-XX- \_\_\_\_\_ **Last 4 digits only**

E-mail: \_\_\_\_\_

Location/Facility - check all that apply

- James Baird SP
- Lake Taghkanic SP
- Mills Norrie SP
- Olana SHS
- Philipse Manor SHS
- Clermont SHS
- Rockefeller SPP
- Taconic Outdoor Education Center
- Walkway Over the Hudson SP
- Other \_\_\_\_\_
- Fahnestock SP
- Taconic SP
- Hudson Highlands SP
- John Jay SHS
- Staatsburgh SHS
- Old Croton Aqueduct SP
- F D Roosevelt SP

Date(s) of Service: \_\_\_\_\_ **This agreement is valid through 12/31 of the year in which it is signed.**

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 Service** Check all that apply:

- Trail Maintenance
- Gardens/Grounds Maintenance
- Office/administrative
- Programs/Events
- Collections management and research
- Visitor Services
- Other: \_\_\_\_\_

**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 ("ORHP") and the regulations and procedures of the specific parks and historic sites. I agree to notify and coordinate my volunteer efforts with OPRHP.

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.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
(Date)

\*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 selected locations.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
(Date)

**For Official Use Only**

\_\_\_\_\_  
Signature of Park Manager or Designee

\_\_\_\_\_  
(Date)

**Taconic Regional Office**  
Attention: Gerry Covert  
New York State OPRHP, PO Box 308  
Staatsburg, NY 12580