



Parks, Recreation and Historic Preservation

TACONIC REGION 2020 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 Fahnestock SP
- Lake Taghkanic SP Taconic SP
- Mills Norrie SP Hudson Highlands SP
- Olana SHS John Jay SHS
- Philipse Manor SHS Staatsburgh SHS
- Clermont SHS Old Croton Aqueduct SP
- Rockefeller SPP F D Roosevelt SP
- Taconic Outdoor Education Center
- Walkway Over the Hudson SP
- Other _____

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