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Region.

**Date** 



Please	Print	
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Name:	Address:						
Phone:	City/State/Zip:						
Email:  Location/Facility Old Croton Aqueduct State Historic Park	Date of Service:						
Are you 18 years of age or older?    Yes    No If (Parent or guardian must sign below if under 18)	no, state age:						
Description of Volunteer Service:							
Work on managing invasive species along the Old Croton Aqueduct							
In case of Emergency Notify:							
Name:	Address:						
Phone:	City/State/Zip:						
the volunteer services described above are to be perfewith all regulations of the Office of Parks, Recreation & Environmental Conservation ("DEC"), dependent on the <u>Taconic</u> Region.  The <u>Taconic</u> Region of OPRHP or DEC agrees, dur Worker's Compensation coverage to the extent provid OPRHP or DEC and OPRHP or DEC, dependent on the Worker's Compensation Law. As a volunteer I may be Public Officers Law § 17. I agree to immediately notify	led by law. If I am injured, I agree to promptly notify						
treated as private pursuant to the Personal Privacy Pr	otection Act.						
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							

This form is valid for the calendar year in which it is signed if it is being used for multiple volunteer days.

has my permission to participate as a volunteer in the program described for the \_\_\_\_

Signature of Parent or Guardian