

# Volunteer Service Agreement



*Finger Lakes State Park Region  
2221 Taughannock Park Road  
Trumansburg, NY 14886*

**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>
<b>Social Security #:</b>	<b>Are you 18 years of age or older?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no state age:</b> <b>(Parent or guardian must sign below if under 18)</b>
<b>Description of Volunteer Service:</b>	

**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 Finger Lakes Region.**

**The Finger Lakes 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

**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 Finger Lakes Region.

<b>(Date)</b> _____	<b>Signature of Parent or Guardian</b> _____
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**This form is valid for the calendar year in which it is signed if it is being used for multiple volunteer days.**