

Volunteer Service Agreement



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

Please Print

Name:	Location/Facility: <i>Sonnenberg Gardens & Mansion</i>
Street:	Date(s) of Service:
City/State/Zip:	From: (Month/Day/Year)
Telephone #:	To: (Month/Day/Year)

Social Security #: <i>(ONLY LAST FOUR DIGITS)</i>	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state age: (Parent or guardian must sign below if under 18)
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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 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
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(Date)	Signature of Park Manager or Designee
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<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 <u>Finger Lakes Region.</u>	
(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.

References: Name _____ Phone: _____
Address _____
Name _____ Phone: _____
Address _____

Time available for volunteer work

Date available to begin work: _____ **Hours per week:** _____ **regularly each week:** Yes No
Preferred days: _____ **Preferred hours:** _____

For volunteer purposes, may we include your phone number, email and home address in the volunteer database?
(Available to Staff and Volunteers only) Yes No

Preferred method of contact? _____ email _____ phone _____ text

Signature: _____ **Date:** _____

Please return this application to: *Sonnenberg Gardens / Volunteering*
151 Charlotte Street
Canandaigua, New York 14424
~ Or ~
Email: business@sonnenberg.org

OFFICE USE ONLY

Recommended for volunteer work in: _____ (area)

Under direction of _____ (supervisor)

Start Date _____

Recommended by _____ (Date)
(Staff Member)

Approved by _____ (Date)
(Executive Director)