

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)



Volunteer Service Agreement

Please Print

Name: Location/Facility: Sonnenberg Gardens & Mansion
Street: Date(s) of Service:
City/State/Zip: To:
Telephone #: From:
email:

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 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 may be 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 I have my permission to participate as a volunteer in the program described for the Region.

(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.