

# Volunteer Service Agreement



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

**Please Print**

Name:	Location/Facility:
Street:	Date(s) of Service:
City/State/Zip:	To:
Telephone #:	From:

Social Security #: \_\_\_\_\_

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:** CLEAR brush and debris from around buildings and other areas approved by state park representatives. make minor repairs of existing structures as approved by state park representatives. All work to be done by the use of hand tools. Use of power equipment is prohibited unless stated in writing.

**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
(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.

(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.