

INSTRUCTIONS FOR TACONIC VOLUNTEER SERVICE AGREEMENT PDF FORM

Note: Alternatively, there is an easy, fillable online form available at <https://arcg.is/1Se1H90>

Contact Information:

- Print your name, address, and telephone number in the space provided.
- Check "Yes" or "No" to indicate whether or not you are older than 18. If "No" please have your parent or guardian complete the bottom of the form.

Location/Facility:

- Volunteers need to complete the form once a year for each park where they volunteer.
- If you also volunteer on the west side of the Hudson River, you must also complete the Palisades Region form (or fill out the online form, linked above, which covers both regions).
- When you fill out the form, select all parks within the Taconic Region where you will be volunteering:

Clarence Fahnestock Memorial State Park
Donald J. Trump State Park
Hudson Highlands State Park Preserve
FDR State Park
Taconic State Park
Wonder Lake State Park

Mills Norrie State Park (Margaret Lewis Norrie)
Rockefeller State Park Preserve
Old Croton Aqueduct State Historic Park
James Baird State Park
John Jay State Historic Site

Description of service:

- Select the options that best describe your volunteer activities.

Emergency Contact:

- Enter the name and contact information for your emergency contact.

Read, sign, and date:

- Read, **sign**, and date the Volunteer Service Agreement.

Parents or Guardians of minors:

- Write the name of the child you are legally responsible for in the space provided and sign and date the form.

Mail completed form to:

Taconic Regional Office
Attention: Kathleen Cassidy
New York State OPRHP
P.O. Box 308
Staatsburg, NY 12583

If you have any questions or concerns, please contact us at volunteer@nynjtc.org.

Thank you for your time and cooperation.





Volunteer Service Agreement

INSERT State Park Region and Regional Address

Please Print

Name:	Location/Facility:
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:

[Empty box for 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 _____Region.

The _____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 _____
has 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.