

INSTRUCTIONS FOR VOLUNTEERS SERVICE AGREEMENT:

Biographic Information:

- Print your name, address, and telephone number in the space provided.
- You must enter the last four digits of your Social Security number.
- 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:

- Please check the park(s) in which you volunteer.
- If you work on a Trail Crew that operates in multiple parks, like the West Hudson Crew, please check the parks in which you will be working.
- If you volunteer in a park that is not listed, please check other and fill in your park. (Does not include private lands such as Black Rock Forest etc...)

Volunteers only need to complete one form each year. If you maintain a section of trail in more than one park and/or work on a trail crew, you do not have to complete multiple forms.

Description of service:

- Check **all** appropriate boxes.
- If your volunteer activity is not listed, please check "Other" and fill in your responsibility.

Emergency Contact:

- Enter the name and contact information for an emergency contact person.

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:

(1) If you volunteer on lands EAST of the Hudson River, (i.e. Hudson Highlands or Fahnestock State Parks) please return your form to:	OR	(2) If you volunteer WEST of the Hudson River in parks such as Harriman/Bear Mountain or Sterling Forest State Park, please return your form to:
Taconic Regional Office Attention: Gerry Covert New York State OPRHP P.O. Box 308 Staatsburg, NY 12583		Palisades Regional Office Attention: Stephanie Broadnax Palisades Interstate Park Commission P.O. Box 427 Bear Mountain, NY 10911

If you have any questions or concerns, please contact Melissa Bean at the Trail Conference office at (201) 512-9348. Ex 24

Thank you for your time and cooperation.

Volunteer Service Agreement



Name: _____
Street: _____
City/State/Zip: _____
Telephone #: _____
Social Security # XXX-XX-_____ (last 4 digits only)
Date(s) of Service: January 1, 2012 - December 31, 2012
Agreement is valid through 12/31 of the year in which it is signed

Location: (check all that apply):

<input type="checkbox"/> Harriman SP	<input type="checkbox"/> Fahnestock SP
<input type="checkbox"/> Sterling Forest SP	<input type="checkbox"/> Taconic SP
<input type="checkbox"/> Storm King SP	<input type="checkbox"/> Hudson Highlands SP
<input type="checkbox"/> Minnewaska SP	<input type="checkbox"/> Schunemunk SP
<input type="checkbox"/> Other: _____	

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 Volunteers Service (Check all that apply):

<input type="checkbox"/> Trail Maintenance: Clearing and marking of trails	<input type="checkbox"/> Structure Maintenance: Construction and repair
<input type="checkbox"/> Trail Crew: Construction and rehabilitation	<input type="checkbox"/> Environmental Monitoring
<input type="checkbox"/> Other: _____	

In Case of Emergency, Notify:
Name: _____ **Street:** _____
City/State/Zip: _____ **Telephone:** _____

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 posted rules and regulations of the Office of Parks, Recreation & Historic Preservation (OPRHP) and of the specific park units. I agree to notify and coordinate my volunteer efforts with the OPRHP and have read the guidelines provided by the New York-New Jersey Trail Conference.

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.

Signature of Volunteer **Date**

*If you are not 18 years of age or older, a parent or guardian must complete the following statement:
 I have read the Volunteer Service Agreement and confirm that _____ has my permission to participate as a volunteer in the program described for the selected location(s).

Signature of Parent or Guardian **Date**

PLEASE MAIL COMPLETED FORM TO:
 (1) If you volunteer **EAST** of the Hudson River, please return your form to:
Taconic Regional Office
 Attention: Gerry Covert
 New York State OPRHP
 P.O. Box 308
 Staatsburg, NY 12583

OR (2) If you volunteer **WEST** of the Hudson River, please return your form to:
Palisades Regional Office
 Attention: Stephanie Broadnax
 Palisades Interstate Park Commission
 P.O. Box 427
 Bear Mountain, NY 10911

For Official Use Only

Signature of Park Manager or Designee **Date**