

Volunteer Service Agreement



Long Island Region
440 Montauk Hwy
Great River, NY 11739

Please Print

Name:	Location/Facility: Bayard Cutting Arboretum
Street:	Date(s) of Service: March 24, 2012
City/State/Zip:	From: (Month/Day/Year)
Telephone #:	To: (Month/Day/Year)
Social Security #:	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)

Description of Volunteer Service:

Pruning trees, removal of dead, dying, diseased branches, root invigoration, cabling, lightning protection, light hand pruning, removals.

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 Long Island Region.

The Long Island 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 Long Island 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.