

I Love My Park Day Volunteer Service Agreement

**INSERT State Park or DEC region
and address**



**Parks, Recreation
and Historic
Preservation**

**Department of
Environmental
Conservation**

Please Print

| | |
|--------------------------|---|
| Name: | Address: |
| Phone: | City/State/Zip: |
| Location/Facility | Date of Service: May ____, 20__ |

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: |
| Phone: | 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") or the Department of Environmental Conservation ("DEC"), dependent on the event location, and the regulations and procedures of the _____ Region.

The _____ Region of OPRHP or DEC 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 or DEC and OPRHP or DEC, dependent on the event location, 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 Counsel's Office at (OPRHP) 518-486-2921 or (DEC) 518-402-9185 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.

| | |
|--|-------------|
| 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. | |
| Signature of Parent or Guardian | Date |

This form is valid for the calendar year in which it is signed if it is being used for multiple volunteer days.