



Please Print VOLUNTEER SERVICE FORM: OPRHP ___ Genesee ___ Allegany Region

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

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:
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 and procedures of the Office of Parks, Recreation & Historic Preservation ("OPRHP"), Genesee Region.

OPRHP 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: _____

Signature of OPRHP Designee: _____ Date: _____

Signature of FOGVG Designee: _____ Date: _____

If you are not 18 years of age or older, a parent or guardian must complete the following statement:

I have read this Volunteer Service Form and confirm that _____
 has my permission to participate as a volunteer in the program described for the _____ Region.

Signature of Parent or Guardian: _____ Date: _____