



Rose Harvey
Commissioner

New York State Office of Parks, Recreation & Historic Preservation
Central Region
6105 East Seneca Turnpike-Jamesville, New York 13078-9516

Phone: 315-492-1756
Fax: 315-492-3277
Robert Hiltbrand
Regional Director

Fort Ontario State Historic Site Volunteer Service Agreement

Please Print:

Name:		Location/Facility:	Fort Ontario State Historic Site
Street:		Date(s) of Service:	
City/State:	Zip:	From:	
Telephone # :		To:	
Social Security # :	* * * _ * * _	Are You 18 years of age or older?	
(last four digits)	_ _ _ _	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, state age:	
E-mail Address :		(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 of the Office of Parks, Recreation & Historic Preservation ("OPRHP") and the regulations and procedures of the Central Region.

The Central Region of the NYS 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 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 Park Manager or Designee
(Date)	

If you are not 18 years 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 Central Region.	
	Signature of Parent of Guardian
(Date)	

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