

TRAILSIDE MUSEUMS & ZOO



PALISADES INTERSTATE  
PARK COMMISSION

Bear Mountain, NY 10911-0427

**Volunteer Service  
Agreement**

Please Print

Name;	Location/Facility: Trailside Museums & Zoo
Street:	Date(s) of Service: 1/08 - 12/31/08
City/State/Zip:	To: PIPC PARKLANDS
Telephoned	From: TRAILSIDE MUSEUMS & ZOO
Social Security #: (Optional)	Arc you 18years 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: Invasive Plant Study	

**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 PALISADES Region.

The PALISADES 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 and pursuant to the Personal Privacy Protection Act.

\_\_\_\_\_  
(Date) Signature of Volunteer

\_\_\_\_\_  
(Date) Signature of Park Manager or Designee

<b><u>If you are not 18 years of age or older, a parent or guardian must complete the following statement:</u></b>	
I have read the Volunteer Service Agreement and confirmed that _____ has my permission to participate as a volunteer in the program described for the <u>PALISADES</u> Region.	
_____ Date	_____ Signature of Parent or Guardian