

Volunteer Service Agreement 2017



Parks, Recreation and Historic Preservation

Grafton Lakes State Park
Cherry Plain State Park
Bennington Battlefield
PO Box 163
Grafton, NY 12082

Please Print

Name: _____ **Location/Facility:** Bennington Battlefield State Historic Site
Unit/Commanding Officer: _____

Street: _____ **Date(s) of Service:** August 11th – August 14th

City/State/Zip: _____ **To:** all hours – allowed 24 hour access

Telephone #: _____ **From:** _____

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: volunteer services for the Bennington Battlefield Re-enactment including re-enactor, visitor interpretation services, parking, etc.

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 Saratoga/Capital Region.

The Saratoga/Capital 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 Saratoga/Capital Region.

(Date) Signature of Parent or Guardian