

Volunteer Service Agreement



Parks, Recreation and Historic Preservation

Thousand Islands Region
P.O. Box 247
Alexandria Bay, NY 13607

Please Print

Name:	Location/Facility: Sackets Harbor Battlefield
Re-enactors Unit or Affiliation:	
Street:	Date(s) of Service: 2015
City/State/Zip:	
E-Mail address:	
Telephone #:	Are you 18 years of age or older?
Cell Phone #:	<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:
Programming/educational programming/living history

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 Thousand Islands Region.

The Thousand Islands 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 Thousand Islands Region.	
(Date)	Signature of Parent or Guardian

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

New York State Office of Parks, Recreation, and Historic Preservation and
The Sackets Harbor Battlefield Alliance, Inc.

Model's Release Form

I HEREBY CONSENT to the use of portraits or photographs of me, or the reproduction of the same in any form, by the State of New York, and the Sackets Harbor Battlefield Alliance for such purposes as may be determined appropriate by the Commissioner of Parks, Recreation, and Historic Preservation, and the Alliance Board of Trustees.

I agree that any portrait or photograph, or any digital files, negatives, or plates connected with it, shall be and remain the property of the State of New York, Office of Parks, Recreation, and Historic Preservation, and the Sackets Harbor Battlefield Alliance.

Date _____ Name of Model _____

Address _____ City, State, Zip _____

Signature _____
(Signature of parent or guardian if model is a minor)



ACKNOWLEDGEMENT OF RECEIPT



I hereby acknowledge that I have received a copy of the New York State Office of Parks, Recreation and Historic Preservation's "Black Powder Procedures for Organizations Using State Parks Facilities," and that I can request clarification of anything contained herein from the Facility Manager.

I agree, as a condition of participation, to abide by these procedures

Signature

Date

Facility name: _____ Sackets Harbor Battlefield State Historic Site