



**New York State
Parks, Recreation and
Historic Preservation**

KATHY HOCHUL
Governor

Volunteer Service Agreement

Please Print:

Name:	Date(s) of Service: 9/5/2025
Street:	
City/State/Zip:	To: 9/5/2025
Location/Facility:	From: 9/5/2025
Thacher Park - Escarpment Trail and Thompsons Lake Campground	Are You 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state age: _____
830 Thacher Pk Rd, Voorheesville, NY 12186	(Parent or Guardian must sign below if under 18)

Description of Volunteer Service:

Site clean-up at Thompsons Lake Campground. Trash collection and cutting back overgrowth along the Escarpment Trail.

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(s).

The Saratoga/Capital Region(s) 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.

(Date) _____ Signature of Volunteer

(Date) _____ Signature of Park Manager or Designee

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 Saratoga/Capital
Region(s).

(Date) _____ Signature of Parent of Guardian