



COUNTY OF LEWIS
Recreational Trails Department
VOLUNTEER APPLICATION

Name _____ (Last)		Telephone:	Home/Cell:
Address: (Street and No.)			Email Address:
City, State, Zip Code:		Drivers License#: (If applicable)	

Copy of Acceptable Identification Must Be Attached			Yes
Are you a member of an ATV Club?	Yes	No	Club: _____
Have you completed the DEC safety course for using chain saws?	Yes	No	Copy of certificate of completion attached?

REMARKS OR ADDITIONAL INFORMATION: Additional information is attached

IN CASE OF EMERGENCY – PLEASE NOTIFY THE FOLLOWING PERSON:

Name:	Telephone#:	Home/Cell:	Work:
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Volunteers are defined as: 1) individuals performing tasks traditionally reserved for volunteers, i.e., they are not being used to supplant paid staff in performing staff activities; 2) the individuals are not being required to work certain hours or perform duties involuntarily; and 3) the individuals receive no remuneration for their activities. No one under the age of 18 years of age shall be permitted to work in this program.

I agree to accept the coverage, liabilities and limitations of Lewis County's Workers Compensation Plan as the exclusive means of recovering from Lewis County in the event of injury or death.

I certify that the answers on this Volunteer form are correct to the best of my knowledge and belief and that a false statement knowingly made may be considered cause for termination of volunteer service.

Signature: _____ **Date:** _____

Work Location:		Dates of Volunteer Work	
Supervised By:		Beginning:	Ending:

Nature of work to be performed by volunteer:

Approved by: (Director of Recreation, Forestry and Parks)
 Signature: _____

THE COUNTY OF LEWIS DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, GENDER, RELIGION, SEXUAL ORIENTATION, AGE, MARITAL STATUS OR DISABILITY IN EMPLOYMENT OR PROVISION OF SERVICES.

This form must be completed for each volunteer worker. Once signed by the Recreational Trails Coordinator, the form is to be retained in the Recreational Trails Department. The information on this form is necessary to be certain that the volunteers are covered by the Workers' Compensation Law.

PERSONAL PRIVACY PROTECTION NOTIFICATION
 This information you are providing on this application is being requested to meet the department's legal obligations. It will be used in accordance with Section 96 of the Public Officers Law. Failure to provide the requested information may result in your disqualification as a volunteer.