



# VOLUNTEER STEWARDSHIP AGREEMENT SCHENECTADY COUNTY PRESERVES/PARKS

Completed agreements should be submitted to:

Schenectady County Soil & Water Conservation District  
24 Hetcheltown Road Schenectady, NY 12302  
soilandwater.schenectadycounty@gmail.com  
(518) 399-6980

## A. Participant/Steward Information (Please Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone # Home \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No If no, state age: \_\_\_\_\_  
(Parent or guardian must sign below if under 18)

In Case of Emergency Notify:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

## B. The activities of the Steward will be performed as (check one):

An Individual  An Organization\*  A Group\*

\*If activities are to be performed as an organization or group, please indicate:

Group Name: \_\_\_\_\_

Group Address: \_\_\_\_\_

Your position or authority: \_\_\_\_\_

**C. Site/Facility (Check all that apply)**

County Forest

Indian Kill Preserve

Plotter Kill Preserve

Mohawk Hudson Bike Trail

Other: \_\_\_\_\_

**D. Proposed activity/activities:**

Please describe the activities you would like to perform as a Steward (e.g., Litter pick up, clearing small tree limbs, working with our crew on trail projects, reporting on trail conditions and/or trail maintenance issues).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use additional sheets and attach as a part of this agreement, if necessary)

**E. Proposed Term of Agreement (check most appropriate):**

one day,  one week,  season (give dates) \_\_\_\_\_,

one year,  ongoing (up to 5 years).

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 County. Schenectady County agrees, during the period of service, to provide the volunteer Worker’s Compensation coverage to the extent provided by law. If I am injured, I agree to promptly notify the Schenectady County Attorney’s Office (518) 388-4700.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you are not 18 years of age or older, a parent or guardian must complete the following:**

I have read the Volunteer Stewardship Agreement for Schenectady County Preserves/Parks and confirm that \_\_\_\_\_ has my permission to participate as a volunteer.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_