



*Department of Parks*  
Monroe County, New York

**Maggie Brooks**  
*County Executive*

**Lawrence A. Staub, Jr.**  
*Director*

**MONROE COUNTY PARKS VOLUNTEER REGISTRATION FORM (VRF)**

*THIS FORM IS REQUIRED IN ORDER TO PARTICIPATE IN PICK UP THE PARKS (PUTP). Please return this form to [rloysen@monroecounty.gov](mailto:rloysen@monroecounty.gov), to 171 Reservoir Avenue, Rochester, NY, 14620, or return by fax to 585-753-7284. You can also turn in this form at a PUTP Meet-Up Site. You may fill out one form for you, your spouse, and/or multiple children/dependents.*

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Family Members Names: \_\_\_\_\_

\_\_\_\_\_

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

E-mail address: \_\_\_\_\_

Are you over age 18? \_\_\_\_\_ yes \_\_\_\_\_ no

Organization you represent (optional): \_\_\_\_\_

**Emergency Contact Information**

Name / Phone # / Any other relevant info: \_\_\_\_\_

\_\_\_\_\_

**NOTICE TO VOLUNTEER & AGREEMENT BY VOLUNTEER**

I understand that I am not an employee of Monroe County (the "County") and will not receive payment for my volunteer services. I will not represent myself as an employee of the County and understand that as a volunteer, **I am not covered by the Workers' Compensation Laws of New York State.**

As a volunteer I agree to take full responsibility for my own actions, safety and welfare. I agree to release, indemnify and save harmless the County, its officers, officials, agents, employees, successors and assigns, from and against any and all liabilities, actions and causes of action which may arise, directly or indirectly from my participation as a volunteer.

I further understand that as a volunteer I am not allowed to operate any power equipment, drive County vehicles, handle County funds, supervise County employees, provide "life guarding" services or use/handle pesticides, herbicides or other hazardous chemicals. Exceptions to these restrictions must be approved in writing by the Director of Parks.

I declare that all the information provided on this application is true, and I understand that any falsifications or misrepresentation may result in my termination from the County's volunteer program.

Applicant Signature: \_\_\_\_\_

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

Parent/Guardian Signature if Applicant is under 18: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_