



**LIMITED USE VOLUNTEER APPLICATION**

Appendix IV

New York State Department of Environmental Conservation

Volunteer Stewardship Agreement (VSA)

*This application is for Stewards who are volunteering for a short period of time; up to, but no more than five (5) consecutive days. Examples of appropriate use of this application include: national trails day event, riverbank clean-ups, etc. A Supervisor must be present at all times. Volunteers cannot drive or be a passenger in a State vehicle.*

Stewardship Agreement Number:					
Stewardship Agreement Name:					
Date(s)		Location of Work:			
Supervisor:		DEC Contact:		Region:	
Name of volunteering organization(s), if any:					

**Volunteer Information**

A volunteer must be at least 18 years of age; or a parent or legal guardian must be present and sign this form. Supervisor must initial in the box next to each volunteer's name after verifying identification.

Name:				Supervisor Initials:	
Address:			City, State, Zip:		
Emergency Contact Name:			Emergency Contact Phone #:		
Health Concerns (Optional)	___Yes ___No	If yes, please describe			
Volunteer or Parent/Guardian Signature:					
Name:				Supervisor Initials:	
Address:			City, State, Zip:		
Emergency Contact Name:			Emergency Contact Phone #:		
Health Concerns (Optional)	___Yes ___No	If yes, please describe			
Volunteer or Parent/Guardian Signature:					

Name:				Supervisor Initials:	
Address:			City, State, Zip:		
Emergency Contact Name:			Emergency Contact Phone #:		
Health Concerns (Optional)	___Yes ___No	If yes, please describe			
Volunteer or Parent/Guardian Signature:					
Name:				Supervisor Initials:	
Address:			City, State, Zip:		
Emergency Contact Name:			Emergency Contact Phone #:		
Health Concerns (Optional)	___Yes ___No	If yes, please describe it here:			
Volunteer or Parent/Guardian Signature:					
Name:				Supervisor Initials:	
Address:			City, State, Zip:		
Emergency Contact Name:			Emergency Contact Phone #:		
Health Concerns (Optional)	___Yes ___No	If yes, please describe			
Volunteer or Parent/Guardian Signature:					
Name:				Supervisor Initials:	
Address:			City, State, Zip:		
Emergency Contact Name:			Emergency Contact Phone #:		
Health Concerns (Optional)	___Yes ___No	If yes, please describe			
Volunteer or Parent/Guardian Signature:					
Name:				Supervisor Initials:	
Address:			City, State, Zip:		
Emergency Contact Name:			Emergency Contact Phone #:		
Health Concerns (Optional)	___Yes ___No	If yes, please describe			
Volunteer or Parent/Guardian Signature:					

**Supervisor Summary:**

Were there any injuries?	___Yes ___No
<p>If Yes, the injury must be reported to the Department contact as soon as possible, but in no event later than the next business day. The injured volunteer should inform any medical personnel that the treatment should be covered under Worker's Compensation. The injured volunteer should not be required to pay out-of-pocket.</p>	
<b>Supervisor's Signature:</b>	<b>Date:</b>
<p>Once signed by the Supervisor, this form is to be retained in the Regional Office.</p>	