

George Latimer County
Executive

John Nonna
County Attorney

Office of Risk Management
Kandy Davenport Director

VOLUNTEER INSURANCE FORM

Name: _____
(Last) (First) (M.I.)

Address: _____

City/State/Zip _____

Telephone #: _____

E-mail address (optional): _____

Date of Birth: _____

Program Start Date: _____ Program End Date: _____

Work Location: Hilltop Hanover Farm and Environmental Center, Yorktown Heights, NY

Description of duties: _____

Supervisor of Volunteer: Shanyn Siegel, Program Administrator, Planning Department
(Name, Title and Dept.)

Supervisor Telephone No.: 914-862-5001

Forward to: Risk Management, Room 241 Michaelian Office Building

Revised 02/2021





Release & Waiver of Liability

FRIENDS OF HILLTOP HANOVER FARM & ENVIRONMENTAL CENTER (FHHFEC) acknowledges that _____ (name) has agreed to participate in volunteer activities _____ (type of activity) on Westchester County Property known as Hilltop Hanover Farm & Environmental Center, 1271 Hanover Street, Yorktown Heights, NY (the "Property") beginning on _____ (date).

Hilltop Hanover is a working farm and as such, farming equipment, live animals, bee hives, bug bites, electrified fences, poison ivy, plants & pollen, uneven ground, potential heavy lifting, sunburn, heat related issues and other such hazards inherent to farming and outdoor activities exist on the property and may pose a danger.

You acknowledge that these hazards exist and agree to assume full responsibility for yourself and/ or your dependent. You understand and agree to accept any risk of injury in connection with your participation in the activity or your presence on the Property. You, by signing this Release and Waiver of Liability, on behalf of yourself and any of your dependents, heirs, executors, administrators, legal representatives and assigns, hereby release and hold harmless; The County of Westchester, FHHFEC and their officers, directors, trustees, employees, agents, licensees or representatives from any and all liability resulting from any injury you may sustain in connection with and arising out of such hazards, or in connection with your participation in the activity, or your presence on the property. You further waive any claims or causes of action that you or your dependents, heirs, executors, administrators, legal representatives and assigns may have against The County of Westchester, FHHFEC and their officers, directors, trustees, employees, agents, licensees or representatives, to the extent that such claims or causes of action arise out of events or circumstances in connection with the hazards referred to above, with your participation in the Activity, or your presence on the Property. You acknowledge that FHHFEC is undertaking no duties with respect to you.

Volunteer Signature: _____ Date: _____

Volunteer Date of Birth: _____



Emergency Contact Information for Volunteers and Interns

Volunteer/Intern Information:

Name: _____ Date: _____

Cell/Home #: _____

Email: _____

Is there any emergency information you wish to share? (e.g., allergies, medical conditions)

EMERGENCY CONTACT (Please list in call order):

<u>Name</u>	<u>Relationship</u>	<u>Phone #(s)</u>
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PARENTAL SIGNATURE (if under 18): _____

Parental Email (if under 18): _____