



INDIVIDUAL VOLUNTEER APPLICATION

Appendix III

New York State Department of Environmental Conservation
Volunteer Stewardship Agreement (VSA)

A. Applicant Information		Stewardship Agreement Number
Name: (First, MI, Last)		Telephone: (Home/Cell)
Address: (No. and Street)		Email Address:
City, State, Zip Code:		

B. If a volunteer is working with minors or will be driving to perform activities as outlined in the Stewardship Agreement they must fill out the questions below about criminal convictions. All other volunteers may skip Section B.

Have you ever been convicted of any crime (felony or misdemeanor)? Yes No

Are you currently under charges for any crime? Yes No

If you answered "yes" to either of the above questions, please explain in Section F below or attach a separate sheet. None of the above circumstances represents an automatic bar to volunteer for work. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

C. Emergency Contact:

Name: _____ Daytime Telephone Number _____

D. Are You Under 18 Years of Age? (If yes, a parent or guardian must sign below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth: _____ (mm/dd/yy)
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PARENT/GUARDIAN PERMISSION (Only if Volunteer is under 18 years of age)

Print Name: _____ Signature: _____

Relationship to Volunteer: _____ Date: _____

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.

Volunteer's Signature: _____ Date: _____

- The Steward initiator must verify the volunteer's identity before signing and submitting this application to the Department.
- A photocopy of the volunteer's driver license must be attached to this application if the volunteer will be driving a state or personal vehicle to perform activities as outlined in the Stewardship Agreement.

E. Stewardship Agreement Name:

Initiated by: (individuals authorized in the Stewardship Agreement)

Signature: _____ Date _____

DEC Respective Management Authority or his/her designee

Signature _____ Date _____

F. Remarks or additional information: Additional information attached