



## Town of Riverhead Adopt-A-Park

Parks Office – 55 Columbus Avenue Riverhead NY 11901

[schandel@townofriverheadny.gov](mailto:schandel@townofriverheadny.gov)

631-727-3200 x733

### Volunteer Service Agreement & Release

### Volunteer Code of Ethics

**This form must be signed by all Adopt-A-Park Volunteers, and the parent or guardian of any volunteer under the age of 18 years.**

#### PERSONAL CONTACT INFORMATION

Organization with whom you are volunteering: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Emergency Contact/Relationship/Phone: \_\_\_\_\_

#### ASSUMPTIONS OF RISK

I am aware that engaging in an Adopt-A-Park activity may involve certain risks, dangers, and hazards. I agree to follow all safety guidelines while participating to minimize such risks. I freely accept and fully understand and assume all risks and dangers.

#### RELEASE OF LIABILITY

I agree to waive any and all claims against the Town of Riverhead and the Parks and Recreation Department and to release the Town of Riverhead and the Parks and Recreation Department of any and all liability for any loss, damage, injury, or expense, of whatever form or nature, for bodily injury, death, or property damage, that I may suffer as a result of participating in the Adopt-A-Park Program.

I have read and understand this release. I am aware that by signing this release I am waiving certain rights that my heirs, next of kin, executors, administrators, and assigns may otherwise have against the Town of Riverhead and the Parks and Recreation Department.

I understand the Town of Riverhead may photograph or videotape the volunteer events or activity in which I am (or my child) is participating. I give my permission for the city to use photographs or videotape of me (or my child) for the purpose of promoting the Town of Riverhead and its service/programs. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness.



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I also acknowledge and agree that my (or my child's) services are provided for the convenience of the Town and may be terminated for any reason or for no reason and at any time by the Town without prior notice or hearing.

I, the undersigned, certify that the information stated on this agreement and release is true, complete and correct to the best of my knowledge and belief and is made in good faith. Any false statements made by me may be used as a basis of rejection for this application or termination of volunteer services.

This agreement shall remain in effect until terminated in writing by either party.

### TOWN OF RIVERHEAD VOLUNTEER CODE OF ETHICS AGREEMENT

Volunteers are an important asset to the Town's workforce and make it possible for the Town to deliver services to Riverhead residents. As a volunteer, you represent the Town of Riverhead. As such, it is important that you adhere to the Town's Volunteer Code of Ethics.

I, \_\_\_\_\_, as a volunteer with the Town of Riverhead, agree to:

- Conduct myself in a professional manner, maintaining high standards of integrity and honesty.
- Treat all members of the public, employees, and other volunteers with respect and courtesy.
- Avoid any activity that could be seen as a conflict of interest, such as accepting gifts or favors from individuals or businesses that could be seen to be an attempt to influence a Town decision.
- Respect confidential information that is available to me as a result of my volunteer work with the Town, and refrain from using it for personal gain or for personal, non-Town business related reasons. I will bring any violation of this confidentiality to the attention of my supervisor.
- Promptly raise questions and concerns regarding possible violation of Town policy or local, state, or federal law with my immediate supervisor or another manager within my department.
- Reinforce the Town of Riverhead's commitment to equal employment opportunity and a work environment free of discrimination and harassment, including sexual harassment.
- I understand that I may be released from my volunteer position with the Town of Riverhead for not adhering to the above Code of Ethics.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Parent/Guardian if under 18 yrs old

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date