



Hands on Eau Claire – Boulevard Clean Up

Saturday, June 18th, 2016

Registration

Please complete the following information and return application to:

Eau Claire Parks & Recreation
Teri-Gene Conlin, Volunteer Coordinator
915 Menomonie Street
Eau Claire, WI 54703
(715) 839-8285
Teri-Gene.Conlin@eauclairewi.gov

Group Name: _____

Contact Person (at least 18 years old): _____

Phone Number: _____ Email: _____

Mailing Address: _____

Estimated Number of Participants: _____

Comments: _____

STATEMENT OF AGREEMENT

As a representative of this organization, I have read and agree to abide by the policies, regulations and safety recommendations as put forth by the City of Eau Claire Parks and Recreation in regard to the "Hands on Eau Claire – Boulevard Clean Up". I understand that this is an application for the "Hands on Eau Claire – Boulevard Clean Up" and that the Volunteer Coordinator will contact me to finalize an agreement. In addition, I understand that the Volunteer Coordinator will make the final determination as to whether a group can participate and the final location assignment. I understand the Volunteer Coordinator will also have the authority to remove groups from the program if they do not hold up the guidelines of the "Hands on Eau Claire – Boulevard Clean Up". It is my responsibility to have all participants of my organization involved in the "Hands on Eau Claire – Boulevard Clean Up" sign the City of Eau Claire Parks and Recreation volunteer waiver form. Finally, I understand all of the rules of the "Hands on Eau Claire – Volunteer Clean Up" park policies of the City of Eau Claire

SIGNATURE: _____ DATE: _____

APPLICATION DEADLINE IS June 12th, 2015!

VOLUNTEER COORDINATOR ONLY:

Assigned Lot: _____

Organization: _____

Other: _____

**LIABILITY WAIVER AGREEMENT GROUP
VOLUNTEER SERVICES**

Our Organization, the _____, volunteer's our services to the City of Eau Claire to perform only the services agreed to by the City. We understand that we will not be compensated for our work, but we volunteer to perform in a responsible manner.

PURPOSE: The purpose of this Agreement is to outline the responsibilities of the City in providing volunteer opportunities, and to create an understanding between the City and the Volunteer. This Agreement shall not in any way constitute nor create an employer/employee relationship between the City and the Volunteer.

This Agreement shall apply to persons voluntarily performing non-compensated services for the City.

AGREEMENT FOR NON-COMPENSATED SERVICES: The Volunteer agrees to abide by all relevant City policies and procedures and to perform the volunteer services in a safe, responsible manner in accordance with the descriptions of service.

We as individual participants in this organization agree to the following:

I am not to appear for volunteer service under the influence of any illegal drugs or alcohol.

If I bring any child(ren) with me under 14 years of age, I understand I will be held solely liable and assume all risk of liability, for my child(ren)'s actions and agree to hold the City harmless from any and all such related claims against the City; except for injuries and damages caused by the sole negligence of the City.

I agree not to go beyond the scope of volunteer work agreed to without authorization.

If I am to be trained on any activity that I am unfamiliar with, to learn the corresponding policies, it is my responsibility to understand them completely or ask questions until I feel confident to perform them.

I understand that I am to report any on-the-job injury or illness, no matter how minor, to the Volunteer Coordinator at (715) 839-8285.

If weather sirens are heard, volunteers are to seek more information.

TERMINATION: I understand that I or the City may terminate this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.

WAIVER & HOLD HARMLESS: I am fully aware that the work associated with being a City Volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in the City's Volunteer Program. I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of City facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City, its officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my volunteer activities.

_____ Group Name _____ Volunteer Location

This agreement is will be in effect for the duration of my volunteer services beginning this date: **June 18th, 2016**

By: _____
City of Eau Claire

Group Name

Return signed form to:
Teri-Gené Conlin, Volunteer Coordinator
Eau Claire Parks & Recreation
915 Menomonie Street
City of Eau Claire, WI 54703

Representative's Signature

Address

City/State/Postal Code

Phone