

CITY OF WEST SACRAMENTO'S

CITY PRIDE!

Roadside & Public Space Volunteer Service Program

About the program . . .

CITY PRIDE! is a volunteer program for local businesses and community groups that want to partner with the city to help keep local streets and thoroughfares litter-free. The objectives of the program are:

- Develop partnerships with local citizens, businesses and community organizations to participate in city clean-up efforts;
- Increase the level of cleanliness of city streets, thoroughfares and public spaces while maintaining a high level of safety while work is performed;
- Positively affect the litter disposal habits and attitudes of those who participate in the program, as well as the residents who benefit from your efforts.

Once a group has committed to the **CITY PRIDE!** volunteer program, they are responsible for litter pick-up along the section in their designated area. You provide the volunteers, we'll provide the safety equipment and supplies required to perform the work. Together we can make a difference!

How to Get Started . . .

1. **Talk to others in your organization or business about taking part in the CITY PRIDE! volunteer program. Benefits to being involved in the program are:**
 - a. Participants can make a noticeable difference in the appearance of our city streets and open spaces. Imagine litter-free streets and public spaces, such as along the river and other open spaces, free of trash and other debris – your group could help us get closer to that goal. This helps to foster pride in our city and can make a difference in how residents treat the community.
 - b. A team-building experience for you and your co-workers or organization members. In addition to the service your group would perform, you get to spend time with the other members of your volunteer team building relationships, sharing a common experience, and making a difference in the community.
 - c. Recognition both for the organization and the participants. Volunteering is a way to give back to the community. Both the organization and individuals can benefit from involvement in projects that make the community better for everyone! A sign posted in the clean-up area will indicate that your group is responsible for the work, your participants will receive a certificate each year recognizing their efforts, and the City will recognize your participation in the local newspapers and on the City's web page.
 - d. Minimal time commitment. Two to four hours, one day a month can have a huge impact. In that time a **CITY PRIDE!** team can take a section of roadside or open space from an eyesore to amazing! Best of all, you and your team can stand back and say, "We did that!"



2. **Complete the CITY PRIDE! volunteer program Team Application (to be available October 1, 2006).** Once the application has been processed (3 to 5 business days) the team leader will be contacted by the program coordinator about the program orientation and training.
3. **When can our team work?** For the most part, we will let you decide the day and time for your clean-up, as long as you perform the work once a month, during daylight hours, when wet weather is not a factor, and when there is not a conflict (such as a construction project or special event that might create problems for your team).
4. **Where would our team work?** Your group can choose from a variety of roadside or public space locations. The size of roadside and public space projects will vary, but there is a minimum size that your team will need to commit to maintaining. This decision will be discussed between the program coordinator and the team leader prior to the project area being designated.
5. **Orientation and Training.** This training is designed to be informative and fun. In addition to getting all team members familiar with safety, program guidelines and objectives, we will facilitate some team building to help get your group prepared for a meaningful experience. Following the successful completion of the orientation and training, your team will be awarded its **CITY PRIDE!** project permit.
6. **Ready, Set, GO!** Once your group has been prepared for your **CITY PRIDE!** project, you're ready to get to work. To make sure the City knows when and where your team is working we ask that you notify the **CITY PRIDE!** program coordinator at (916) 617-4627, three (3) working days prior to start of each project day. Doing so will give us the opportunity to notify other departments that your team will be "in the field."

Questions? Contact the Parks & Recreation department at (916) 617-4627 or email your inquiry to parks@cityofwestsacramento.org.



City of West Sacramento
CITY PRIDE!

Roadside & Public Space Volunteer Service Program



MAKE IT SHINE!



City of West Sacramento Parks & Recreation

Activity: City Pride Roadside and Open Space Volunteer Service Program

Agreement, Waiver, and Release

Adult (18 & over)

In consideration for being permitted by the above City to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have or which may hereafter accrue as a result of my participating in said activity.

This release is intended to discharge in advance the above City (its officers, employees, or agents) from and against any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of said City (its officers, employees, or agents).

I understand that the above activity may be of a hazardous nature and/or strenuous exercise or activity; that serious accidents occasionally occur during the above activity; and that participants in the above activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof.

Knowing the risks involved, nevertheless, I have voluntarily applied to participate in said activity and I hereby agree to assume any and all risks of injury or death and to release and hold harmless the above City (its officers, employees, or agents) who through negligence, carelessness, or any other act or omission might otherwise be liable to me.

I further understand and agree that this waiver, release and assumption of risks is to be binding on my heirs and assigns.

I further agree to indemnify and to hold the above City (its officers, employees, or agents) free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of any injury and/or property damage that I may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. AS OF THE DATE OF MY SIGNATURE I AM THE AGE OF 18 OR OLDER. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE ABOVE CITY AND I SIGN IT OF MY OWN FREE WILL.

NAME OF GROUP OR COMMUNITY ORGANIZATION

(Please Print): _____

MAIN VOLUNTEER CONTACT

Print Name: _____ DOB: __/__/_____ Age: _____

Signature: _____ Today's Date: _____

Home #: _____ Work #: _____ Cell #: _____

City Pride Roadside and Open Space Volunteer Service Program Waiver of Liability/Roster

NAME OF GROUP OR COMMUNITY ORGANIZATION

(Please Print): _____

I HAVE CAREFULLY READ PAGE ONE (1) OF THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. AS OF THE DATE OF MY SIGNATURE I AM THE AGE OF 18 OR OLDER. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE ABOVE CITY AND I SIGN IT OF MY OWN FREE WILL.

VOLUNTEERS

Print Name: _____ DOB: __/__/____ Age: ____

Signature: _____ Today's Date: _____

Print Name: _____ DOB: __/__/____ Age: ____

Signature: _____ Today's Date: _____

Print Name: _____ DOB: __/__/____ Age: ____

Signature: _____ Today's Date: _____

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City Pride Roadside and Open Space Volunteer Service Program Waiver of Liability/Roster

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Signature: _____ Today's Date: _____



**CITY OF WEST SACRAMENTO
PARKS & RECREATION
Agreement, Waiver, and Release for Minor (under 18)**

Activity: CITY PRIDE ROADSIDE & PUBLIC SPACE VOLUNTEER SERVICE PROGRAM

In consideration of the minor child being permitted by the above City to participate in the above described activity, each of us hereby waives, releases, and discharges any and all claims for damages for personal injury, death, or property damage which said minor child may sustain or which may occur as a result of the minor child's participation in said activity. This release is intended to discharge in advance the above City (its officers, employees, or agents) from and against any and all liability arising out of or connected in any way with the participation of the minor in said activity, even though that liability may arise out of negligence or carelessness on the part of said City (or its officers, employees, or agents).

Each of us understands that the described activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above-described activity; and that participants in the described activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless each of us agrees to assume all risks of injury and to release and hold harmless the above City (its officers, employees, or agents) who through negligence or carelessness might otherwise be liable to me or said minor child. It is further understood that this waiver, release and assumption of risk is to be binding on the heirs and assigns of the undersigned.

Each of us further agrees to indemnify and to hold the above City (its officers, employees, and agents) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that said minor may sustain while participating in said activity.

I certify that I have custody or am the legal guardian of said minor by court order. I further agree to reimburse or make good and loss or damage cost that the above City (its officers, employees, or agents) may have to pay if any litigation arises on account of any claim made by said minor or by anyone on behalf of said minor.

I agree that in the event said minor requires medical or surgical treatment while under the supervision of said City's recreation personnel in connection with the described activity, such supervisor may authorize treatment. I also agree to pay all medical, hospital, or other expenses which said minor may incur as a result of such treatment.

I give consent to the City of West Sacramento to photograph my child. I understand the pictures may be included in Program scrapbooks and/or in the promotion of City programs.

I and my child have carefully read this Waiver of Liability, Medical Release, and Indemnification Agreement, and fully understand its contents. I am aware that this is a release of liability and a contract between me, my child and the above City and we sign it of our free will.

MINOR (Child) PARTICIPANT INFORMATION (please print and sign)

Name of Child: _____ Signature of Child: _____ Date of Birth :

____/____/____ Age: _____

(Please print)

PARENT/GUARDIAN CONTACT INFORMATION (please print and sign)

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Date: ____/____/____
(Please print)

Street Address: _____ City: _____

Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____

EMERGENCY INFORMATION (please print)

Emergency Contact (not parent): _____ Relationship: _____

Phone: _____

Doctor's Name: _____ Phone _____

: _____

Insurance Coverage: _____ Insurance ID # _____

Are there any specific accommodations desired/needed to provide the fullest participation in this activity (as related to medical condition, medicine, allergies; and/or developmental, physical, mental, learning, hearing, visual, or other specific considerations)? YES NO If YES, please arrange an appointment after registration to further discuss appropriate accommodations. Our goal is to insure the fullest involvement and benefit possible to all participants.

****Transportation Information - Please check that which applies****

The following person will be picking up my child(ren)

Name: _____ Relationship: _____ Phone: _____

My child has permission to walk home.

My child has a valid driver's license and can drive themselves home.