

Application Form

Project Coordinator _____

Phone (Day) _____ (Evening) _____ (Cell) _____

Coordinator address _____

E-Mail _____

Driver's License Number or State ID Card (attach copy) _____

Attach a copy of vehicle insurance

Project Name & Location _____

Volunteer Organization Name _____

Date of Cleanup Project: Pick Up _____ Drop Off _____

Project Description _____

Parking location of the Trailer: _____

Number of households/volunteers involved (minimum of 20) _____

(Attach participant list form)

Project Coordinator Agreement

I, as the designated **Project Coordinator (PC)** agree to the following:

- As PC, I will work with the City of Athens, Rural Action, and any local authority to determine a proper parking location for the trailer and will meet with a designated representative to pick up and drop off the trailer.
- I will ensure all participants using the equipment from the trailer are at least 18 years old and have completed all waivers.
- I will confirm the equipment inventory prior to receipt of the trailer and upon return of the trailer with designated representative.
- I will distribute supplies to participants and ensure all equipment is operated safely. I will retrieve the supplies once participants have completed the project.
- I will properly secure the trailer and its contents.
- I will replace any item missing or not returned in the condition it was received (normal wear and tear excluded).
- I will ensure the trailer is free of trash and debris upon return.
- I will empty all gasoline cans before placing them back in the trailer.

Signature

Date

Submit form to:

City of Athens Code Enforcement Office

ATTN: George Nowicki

28 Curran Dr, Athens, OH 45701, Fax: (740) 594-6304, Phone Number: 740-592-3306 Ext.3

Participants Responsibilities & Waiver

Project Name _____

Project Coordinator _____

Date of Project _____

The undersigned participant hereby certifies the following **(one form per person)**:

Please initial each item below:

1. _____ I am over the age of 18, or given permission by a guardian, and will be using the equipment within the Keep Southeast Ohio Beautiful coverage area.
2. _____ I understand the written instructions on the proper operation and maintenance of the power equipment is in the binder labeled "Cleanup & Beautification Trailer Operator's Manual" stored inside the trailer.
3. _____ I will operate all equipment as instructed by the manufacturer's safety guidelines and in conformance with the instructions in the Operator's Manual.
4. _____ I will return any borrowed items from the trailer clean and in working order.
5. _____ I understand I am responsible to pay for the replacement of any items from the trailer not returned in the condition in which they were received (excluding normal wear and tear).
6. _____ I will not use the trailer or the items in the trailer for commercial purposes.
7. _____ I understand the use of this equipment may be dangerous and can result in injury or death. I agree to defend, indemnify, hold harmless, and release the Rural Action-Appalachia Ohio Zero Waste Initiative, Keep Southeast Ohio Beautiful, the City of Athens, and affiliate partners and any of its departments, agencies, offices, officers and employees from all damage claims, liabilities and expenses, including attorney's fees and legal costs, arising or resulting in any way from delivery, placement, presence, servicing and use of the trailer and the equipment stored within.
8. _____ **(Project Coordinator Only)** From the time the trailer is picked up to the time the trailer is returned the Project Coordinator will defend, indemnify, hold harmless and release the Rural Action-Appalachia Ohio Zero Waste Initiative, Keep Southeast Ohio Beautiful and affiliate partners and any of its departments, agencies, offices, officers and employees, from all damages, claims or liabilities and expenses, including attorney's fee and legal costs, arising or resulting in any way from delivery, placement, presence, servicing and use of the trailer and equipment stored within.
9. _____ **(Project Coordinator Only)** I will ensure the trailer is secured when not being used and all items will be returned. I will meet with a designated representative on _____ at _____ am/pm to inventory the trailer equipment list, and return all items..
10. _____ **(Project Coordinator Only)** I agree to compensate Rural Action or the City of Athens for any and all items identified on the Equipment List, which are not returned for any reason by the date and time identified above.

Participant Name** (please print) _____

Guardian Name (if under 18) _____

Participant/Guardian Signature _____ Date _____

Participant/Guardian Address _____

Participant/Guardian Phone _____

Project Coordinator - Please return your signed waiver along with the application. All other waivers can be collected on the day of the event and provided to a designated representative upon return of the trailer.

Emergency Contact: George Nowicki 740-592-3306 Ext.3