



Adopt-a-Flower Bed Application

Once completed please return to: volunteer@idahofalls.gov or
520 Memorial Drive, Idaho Falls, ID 83402

Please note, if approved for adoption, adopter(s) are responsible for the maintenance and care of the flower bed throughout the entire summer (typically May-September), this includes but is not limited to planting, weeding, and deadheading at least once a week or as needed.

CONTACT INFORMATION

APPLICATION DATE: _____

NAME (first, last): _____

APPLYING FOR A GROUP? NO YES

If "YES", GROUP/COMPANY NAME: _____

EXPECTED NUMBER OF VOLUNTEERS IN GROUP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BEST CONTACT #: _____ text ok? Yes No

EMAIL: _____

BACKGROUND INFORMATION

Have you previously adopted a flower bed? NO YES If YES, how many times? _____

Do you have your own tools you can use? NO YES

Please note, the City of Idaho Falls Parks Department can only supply plants and garbage bags. Any other items needed will need to be supplied by the volunteer/group.

Do you have experience gardening? NO YES

If "YES" please detail: _____

Are you available all summer to maintain flower bed? NO YES

Would you like to participate in our OPTIONAL flower bed contest? NO YES

Preferred Flowerbed Location? NO YES

If YES, Location

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

AVAILABILITY

Available to care for flower bed all summer? NO YES

Dates Unavailable: _____

Note: Adopt-a-Flowerbed is a seasonal commitment. Adopters are requested to commit to maintaining the flower bed throughout the summer. If adopter is unable to meet this requirement, the City of Idaho Falls Park's Department may take over the care and maintenance of the flower bed and the adopter will be asked not to adopt in the future.

ADOPTER AGREEMENT

Adopter agrees to follow all instructions of the designated volunteer project coordinator. Adopter agrees to maintain flower bed throughout the summer by planting, weeding, and deadheading the flowers at least once a week or as needed. If for any reason adopter cannot keep commitment to maintaining flowerbed they will notify the Park's Department immediately before flowerbed is covered in weeds and plants are dying. The City of Idaho Falls does reserve the right to take over maintenance of the flowerbed at any time.

SIGN: _____

DATE: _____

FOR INTERNAL USE ONLY

RECEIVED

CONTACTED

APPROVED NO YES

INITIALS: _____

INITIALS: _____

DATE: _____

DATE: _____



Volunteer Guidelines

Thank you so much for your interest in helping out your beautiful City! You are making a huge impact and helping your city SHINE! Thank you!!! Before you get started volunteering we have a few things you should know:

- 1.) Have Fun! Volunteering is a great way to meet new people and have a new experience, this shouldn't feel like work.
- 2.) All volunteers whether you are a group, parent, child, business, squirrel (just kidding, squirrels can't write) need to sign a volunteer waiver. We have an individual waiver or a group waiver to meet your needs
- 3.) Stay Safe! When volunteering please be safe. This means:
 - a. Know your own physical limits and don't push yourself so hard you hurt yourself
 - b. Practice safe lifting (remember, bend at the knees not the back)
 - c. Do NOT touch or pickup anything dangerous this includes, but is not limited to weapons, needles, sharp, or heavy objects. We ask that if you do come across something like this you notify a City Employee or the proper authorities (when involving a weapon)
 - d. Do NOT engage with anyone or wildlife you feel might be dangerous.
- 4.) Volunteers are not permitted to volunteer if they are under the influence of drugs, alcohol or any such substance that would impair their judgement or ability to volunteer.
- 5.) Volunteers are NOT permitted to volunteer if they are registered sex offenders, been convicted of a crime involving theft, and/or violent crimes to animals or people.
- 6.) Be courteous and friendly to other volunteers and users. You represent your city, make it shine. If you do have an issue with someone, please walk away and either notify the volunteer coordinator or the proper authorities if needed.
- 7.) Come Prepared! You are responsible for bringing the items you may need to have a successful volunteer experience. We recommend:
 - a. Layered clothing: It is Idaho, the weather changes by the second
 - b. Sunscreen
 - c. Water
 - d. Snacks
 - e. Gloves (if needed)
 - f. Hat, you can never have enough sun protection
- 8.) Make it count twice! We request all volunteers keep track and report their time volunteering to the volunteer coordinator. We in turn are able to use these hours to help with acquiring grants for bigger projects in the parks. So, you are giving back twice when you keep track and report!
- 9.) Minors: Anyone under the age of 14 will need to have a parent, guardian, or assigned leader (if working in a group) present at all times while volunteering. We cannot guarantee a staff member will be present to watch over volunteers while volunteering.
- 10.) Take Pictures and share with us! We love seeing your good work in action. Please take pictures and email to volunteer@idahofalls.gov. We love to share your good work and let our City know how you are making a difference!



AGREEMENT BY VOLUNTEER:

I agree to volunteer my services to the City of Idaho Falls in accordance with the following understandings:

1. I will offer my services with no expectation of pay, benefits or other privileges of employment of any kind. I certify that I have not been promised and have no expectation that I will receive a paid position as a result of my volunteer work.
2. I understand that placement into volunteer positions are at the sole discretion of the City of Idaho Falls. Accordingly, my volunteer assignment/service may be withdrawn or terminated at any time.
3. My volunteer service will not confer on me the status of a City employee, while acting within the scope of this Agreement.
4. I certify that I have been given and have read the City of Idaho Falls Volunteer Guidelines. I understand my job duties and the potential hazards/risks that are involved, if any, for this volunteer position. I understand it is my responsibility to be aware of my physical condition and I will not engage in physical activities that are beyond my capabilities. I will notify my volunteer coordinator/supervisor of any significant change in my ability to do the work. If special skills are required for this project, I acknowledge I have been appropriately informed of the required tasks.
5. I grant the City permission to use my image in any and all publicity, advertising, and other materials, including websites and other electronic forms, or any other uses the City may deem proper. I waive any right to payment, royalties or any other consideration for use of the image in perpetuity.
6. I hereby hold harmless and release and forever discharge the City of Idaho Falls, its officers, agents, employees and volunteers from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have which arises out of or is in any way connected with this agreement.
7. If I drive a personal vehicle to and from a volunteer project, I certify that the vehicles are properly insured as required by Idaho State Law.
8. I understand and agree that the City is not responsible for any of my personal property that is lost, damaged or stolen while I am participating as a volunteer.
9. As the parent, guardian, or supervising adult of the applying volunteer (if under the age of 18) I have read the City of Idaho Falls Volunteer Guidelines, agree to all the City's Volunteer Policies on his/her behalf, and grant permission for my child or ward to perform volunteer services for the City. I will keep informed of any changes in the City's Volunteer Policy that may affect his/her service or changes to his/her service requirements.
10. If representing a group, such as a church/school group, corporation, civic club, or other organization, it is my responsibility to ensure that all group members are given access to the City of Idaho Falls Volunteer Guidelines and are informed of the City's Volunteer Policies. By agreeing to the City's Volunteer Policies, I acknowledge that I have informed all volunteers from our group of the City's Volunteer Guidelines and Policies and they have all agreed to the City's policies as a prerequisite of their volunteer service. It is my responsibility to keep my group's membership informed of changes in the City's Volunteer Policies or changes to their service requirements.

PRINT NAME: _____

DATE: _____

SIGNATURE PARTICIPANT OR PARENT/GUARDIAN IF MINOR UNDER 18 YEARS OF AGE