

EAGLE SCOUT PROJECT APPLICATION

Thank you for your interest in completing an Eagle Scout Service Project with the Town of Coats. Please complete this application to help us understand your project idea. Submission of this form does not guarantee project approval. Additional information, revisions, or a formal project proposal may be requested.

Scout's Full Name: _____ Email: _____

Email:

Date of Birth: _____ Primary Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Describe Your Project:

What is your idea? Please explain in detail.

Describe the Impact

How does your project benefit the park?

Ideal Timeline & Schedule

Start Date: _____

End Date: _____

Will this project require ongoing maintenance after completion?

Yes No Unsure

Funding & Resources

Do you have identified funding sources? Yes No

If yes, please briefly describe your funding plan:

ing Earth & Sky

Acknowledgement

By submitting this application, I acknowledge and agree that:

I have reviewed and understand the Town of Coats Parks & Recreation Volunteer Waiver Form provided with this application. I understand that additional documentation, revisions, or approvals may be required before the project may begin. I agree that all work must comply with Town of Coats policies, park guidelines, safety requirements, and scheduling constraints. I understand that Parks & Recreation staff reserve the right to approve, deny, or request modifications to any proposed project.

Scout Signature: _____

Today's Date: _____

Volunteer Waiver & Release of Liability

Town of Coats Parks & Recreation

I understand that participation in volunteer activities with the Town of Coats Parks & Recreation Department may involve physical activity, use of tools, exposure to outdoor conditions, and other risks inherent to volunteer service projects.

By signing the previous page, I acknowledge and agree to the following:

1. Voluntary Participation

- a. I am voluntarily participating in a Parks & Recreation-approved volunteer project, including but not limited to an Eagle Scout Service Project.

2. Assumption of Risk

- a. I understand that there are risks associated with volunteer activities, including the possibility of injury, illness, or property damage. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others.

3. Release of Liability

- a. I hereby release, waive, and discharge the Town of Coats, its elected officials, employees, volunteers, and agents from any and all claims, liabilities, demands, actions, or causes of action arising out of or related to my participation in volunteer activities, to the fullest extent permitted by law.

4. Medical Treatment Authorization

- a. In the event of an emergency, I authorize the Town of Coats and its representatives to obtain emergency medical treatment for me if necessary. I understand that I am responsible for any medical costs incurred.

5. Compliance with Rules and Safety Guidelines

- a. I agree to follow all Town policies, park rules, safety instructions, and staff direction while participating in volunteer activities. I understand that failure to comply may result in removal from the project.

6. Photo and Media Release

- a. I grant permission for the Town of Coats to use photographs or video taken during volunteer activities for promotional or informational purposes, without compensation.

Parent/Guardian Consent (Required for Minors Under 18)

I am the parent or legal guardian of the above-named minor. I have read and understand this waiver and consent to their participation in volunteer activities. I agree to all terms stated above on behalf of myself and the minor.

Parent/Guardian Name (Printed): _____

Signature: _____

Date: _____

Phone Number: _____ Email: _____