



# *The City of Lancaster's Adopt-a-Spot Program Packet*

*Thank you for  
Keeping Lancaster Beautiful*



For information and support on Adopt-a-Spot, please contact the Parks & Recreation Department

Michael Rasco, 972-218-3709 (o) - 972-218-3655 (f)

[mrasco@lancaster-tx.com](mailto:mrasco@lancaster-tx.com)



## City of Lancaster Neighborhood Adopt-A-Spot Program

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### Purpose

The Adopt-a-Spot Program is a joint effort between our city government and residents to keep our City and neighborhoods clean and beautiful. This program allows our residents, businesses, clubs and organizations to express their pride and commitment to the community, while providing them with signage recognition for their time and efforts spent beautifying the City of Lancaster.

### Agreement Conditions

- Adopters will adopt a site within the city limits to be determined by agreement of the Adopters and the City of Lancaster, according to the age of the group members and area to be adopted.
- The Adopters will appoint or select a member to serve as spokesperson/contact person for the group if there is more than one individual adopting the area.
- Adopters must clean up the site monthly on an agreed upon date, and notify Mike Rasco, Park Superintendent (or designee) via email or phone prior to starting the clean up and again promptly after the work is complete.
- Post-Cleanup report forms must be completed and submitted via email, fax or hand delivery to 1700 Veterans Memorial Parkway, within 72 hours of cleaning the site.
- The Adopters will agree to a minimum of a one year agreement, renewable upon approval.

### Litter Pick-Up

- Litter pick up will be at a minimum of **1 time per month** during the one year adoption period. One of the pick-ups must occur on the City of Lancaster's Annual Trash-Off. Adopters must submit the results of each clean up (Post-Cleanup report) via email (or) hand delivery within 72 hours of cleaning the site to include the number participating, hours worked and amount of trash collected to the City of Lancaster as soon as possible following a cleanup.
- The City of Lancaster will be responsible for supplying trash bags for the group in the clean up of their adopted area. Requests for bags must be made seven days in advance of clean up.
- The City of Lancaster will pick up and dispose of the trash bags filled by the Adopters after they complete each clean up. The filled trash bags may be left in a neat pile at one of the groups sign locations. The City of Lancaster must be notified in advance of your scheduled cleanup day, so that arrangements can be made to collect the filled trash bags and dispose.
- Should any large items such as old furniture, large appliances, etc. be found during litter pick-up, the Adopters should note the location and notify the City of Lancaster. The Adopters should not pick up any materials other than what fits the criteria of household garbage and what is able to be disposed of inside of a trash bag.

# City of Lancaster Neighborhood Adopt-A-Spot Program -continued

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## Litter Pick-Up - continued

- Should any hazardous waste be found during litter pick up, the Adopters should note the location and notify Parks Department staff. Adopters should not handle or move any hazardous waste/materials.
- The city reserves the right to end Adoptions in cases where litter is not reasonably kept picked up according to Adoption guidelines and remove name from Adopt a Spot signage.

## Safety:

- Each Adopter will be responsible for maintaining a first-aid kit while participating in the litter pick-up on the adopted section.
- Participants in the group agree to obey and abide by all laws and regulations relating to safety as may be required by the City of Lancaster. (The City of Lancaster will furnish the Adopters with a Safety Tips Sheet).
- When participants are 16 years of age or younger the Adopters will furnish adult supervision at all time. During that time, the adults are held responsible to ensure that adequate safety measures are taken.

## Signage:

- The City of Lancaster agrees to provide an Adopt-A-Spot sign and include the name(s) of the individual/group after successful completion of established probationary period of 6 months.

By the signature below, the Adopters acknowledge the hazardous nature of the work and agree to the above conditions. The Adopters also agree to release, indemnify and hold harmless the City of Lancaster, its officers, agents and employees liable for any claims, damages, and injury (including death) resulting directly or indirectly from cleaning up the adopted area. The signature of each individual in the group (or legal guardian if under 18 years of age) must appear below. If the undersigned is other than an individual, the undersigned certifies, warrants and represents that the individual whose signature appears below is duly authorized to execute this agreement on behalf of the firm, corporation, partnership, club, organization or other entity which desires to be an Adopter.

Adopters:

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Adopters:

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*Add additional sheets if needed.*



1700 Veterans Memorial Pkwy, TX 75134 \* 972.218.3706 \* 972.218.3648 FAX

## CITY OF LANCASTER ADOPT-A-SPOT APPLICATION

Name of Applicant/Organization: \_\_\_\_\_

Type of Organization (individual, club, corporation): \_\_\_\_\_

Number of People in Group (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail \_\_\_\_\_

Area of City you are interested in adopting:

\_\_\_\_\_ *The City of Lancaster will assist the adopting group in determining the specific area to be adopted.*

Circle one:                      First Time Adopting                      Renewal Adoption

Name to appear on Adopt-A-Spot Signs \_\_\_\_\_

Adoption Period will begin \_\_\_\_\_ (month/year) and run through

\_\_\_\_\_ (month/year). The monthly clean-up day will be scheduled for \_\_\_\_\_

\_\_\_\_\_. (Example: the second Thursday of each month.)

***Results of each clean-up must be turned in to Parks and Recreation Department within 72 hours after clean-up has occurred. Information to be recorded – Number of participants and number of bags of trash collected. Results may be mailed, called in or emailed to the address below:***

Please return form(s) to:  
Adopt a Spot Program  
Attn: Michael Rasco  
1700 Veterans Memorial Parkway, Lancaster, TX 75134  
Fax (972) 218-3655    Phone (972) 218-3709    Email: [mrasco@lancaster-tx.com](mailto:mrasco@lancaster-tx.com)



## SAFETY TIP SHEET FOR VOLUNTEERS - ADOPT-A-SPOT PROGRAM

Below is a list of suggestions from Keep Lancaster Beautiful to help make your cleanup experience a safe one!

### SAFETY TIPS DO'S

- √ Have a first aid kit handy
- √ Obey all laws and regulations, term and condition that relates to safety as required by the City of Lancaster for the area under clean-up
- √ If participants are 15 years of age or under an adult must be present.
- √ Prohibit possession or consumption of any alcoholic beverage.
- √ Wear gloves and thick-soled, closed shoes
- √ Wear long pants and long-sleeved shirts
- √ Wear safety vests or bright-colored clothing for roadside cleanups
- √ Wear sunscreen and bug repellent
- √ Drink plenty of fluids in extreme temperatures
- √ Be aware of your surroundings and the potential hazards associated with them (passing cars, hazardous tree branches, poison ivy, bees etc.)
- √ Use the "buddy system" working in teams of two or three facing on coming traffic to maximize safety
- √ Keep pre-moistened towelettes on hand
- √ Wash hands with antibacterial soap after the cleanup
- √ Know emergency procedures, such as the location of the nearest emergency facility and how to quickly summon an ambulance or the police

### SAFETY TIPS DON'T

- √ Perform any activities outside of your physical capabilities
- √ Use of power tools or motor-driven equipment
- √ Pick hazardous materials such as hypodermic needles, sharp objects, old car batteries, animal carcasses or other unidentified, questionable objects
- √ Overstuff bags
- √ Attempt to move large objects – report them to Recycling and Solid Waste Division
- √ Schedule cleanups during peak pedestrian or traffic hours
- √ Conduct cleanups during extremely inclement weather
- √ Conduct cleanups near or around construction sites
- √ Allow minor children to participate in cleanups



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### Adopt-A-Spot - Release Form

1. **Voluntary Participation:** I acknowledge that I have voluntarily applied to assist in the Adopt-a-Spot Program, where volunteers collect trash/recyclables from designated area and dispose/deposit it in the appropriate trash/recycling location. I understand as a volunteer, that I will not be paid for my services; that I will not be covered by any medical or other insurance coverage provided by Keep Lancaster Beautiful, my organization or the City of Lancaster; and that I will not be eligible for any Workers Compensation benefits during my volunteer time.

2. **Release:** I agree that I, my assignees, heirs, guardians and legal representatives, will not make a claim against and will hold harmless Keep Lancaster Beautiful, my organization, the City of Lancaster or any of its affiliated organizations, or either their employees, officers or directors, collectively or individually, or the supplier of any materials or equipment used in the project, or any of the volunteer workers, for the injury or death to me or damage to my property, however caused, arising from my participation in the Adopt-a-Spot Program .

3. **Waiver:** I hereby waive and forever release all rights, actions, or causes of action, known or unknown, resulting from personal injury or death to me, or damage to my property, sustained in connection with my participation in the event.

4. **Consent:** I will assume and pay any medical and/or emergency expenses in the event of accident, injury or illness, regardless of whether I have authorized such expenses. I further consent to the unrestricted use by City of Lancaster and/or persons authorized by them of any photographs, interviews, videotapes, or similar visual recording of me.

SIGNED, of my own free will, this \_\_\_\_\_ day of \_\_\_\_\_, 2015, in Lancaster, Texas.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Organization or Group

\_\_\_\_\_  
Print Name  
(Parents Signature if volunteer is a minor)

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
City and Zip code

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Emergency Contact Phone Number

Email Address \_\_\_\_\_





1700 Veterans Memorial Parkway • Lancaster, TX 75134

972.218.3706 • 972.218.3648 (FAX)

# Adopt-A-Spot Post-Clean Report Form

**REMEMBER:** Make extra copies of this blank form, so you will have some to send in for your future cleanups.

After each cleanup, please complete this form and return to Michael Rasco at:

Adopt-A-Spot Program  
 1700 Veterans Memorial Pkwy.  
 Lancaster, TX 75134

OR

fax to: (972) 218-3655  
 Scan/email: [mrasco@lancaster-tx.com](mailto:mrasco@lancaster-tx.com)

Name of Organization

Clean Up Date

Contact Person

Phone

Cleanup Location

# of Hours Worked

# of participants

# of Bags Filled

Do we need to arrange to have the bags and/or waste picked up?

YES

NO

Other comments:

Please return form(s) and results of each clean-up to:  
 Adopt a Spot Program  
 Attn: Michael Rasco  
 1700 Veterans Memorial Parkway, Lancaster, TX 75134  
 Fax (972) 218-3655 or Scan/Email: [mrasco@lancaster-tx.com](mailto:mrasco@lancaster-tx.com)



Reduce, Reuse

Lancaster

Rebuy, Rethink



# City of Lancaster

## Volunteer Letter of Agreement



*Must be completed before volunteer begins assignment.*

**Community Service Restitution Program**

**Volunteer Program**

Volunteer Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Volunteer Site: \_\_\_\_\_

Role: \_\_\_\_\_

As a volunteer, you are an important member of our staff and act as a representative of our organization to the community at large. To ensure a solid understanding of what you can expect as a volunteer, and what is expected of you by our organization, we ask that you read and sign this Letter of Agreement.

**Site Supervisor Responsibilities:**

- \* Ensure the Volunteer Services Coordinator has approved the Volunteer Application, including a background check, prior to meeting with the prospective volunteer.
- \* Interview and screen the prospective volunteer.
- \* Complete the Letter of Agreement with the volunteer and return to the Volunteer Services Coordinator.
- \* Provide initial and ongoing training, all relevant policies and procedures, and supervision.
- \* Contact the Volunteer Services Coordinator regarding any problems or if the volunteer vacates the position.

**Volunteer Responsibilities:**

- \* Complete a Volunteer Application, including permission for the City of Lancaster to complete a background check.
- \* Complete volunteer orientation and training.
- \* Work with the Site Supervisor to schedule monthly hours. A minimum of 8 hours per month is requested.
- \* Arrive to assignment on time; inform Site Supervisor at least one hour in advance if you will be tardy or absent.
- \* Have the Site Supervisor sign your time sheet after each shift. Submit your time sheet to the Volunteer Services Coordinator by the 10th of the following month.
- \* Contact the Volunteer Services Coordinator regarding any problems or prior to leaving the position.
- \* Conduct yourself in an appropriate and ethical manner at all times when dealing with staff and the public.
- \* Maintain the confidentiality of all data, materials, knowledge and information generated through, originating from or concerning the City of Lancaster. All documents, resources and information is the sole property of the City.
- \* Have fun and ask questions if needed!

I understand that as a City of Lancaster Volunteer I am covered under the Texas Municipal League Intergovernmental Risk Pool Plan for third party claims against the City, and am not covered under the City of Lancaster's worker's compensation policy. Furthermore, I understand and agree to the responsibilities expected of me while volunteering.

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I understand and agree to the responsibilities expected of me as a Site Supervisor.

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return completed Letter of Agreement to the Volunteer Services Coordinator at:

Lancaster Recreation Center  
Attn: Volunteer Services Coordinator  
1700 Veterans Memorial Pkwy  
Lancaster, TX 75134

Phone: 972-218-3786  
Fax: 972-218-3657





# City of Lancaster

## Volunteer Application



APPLICANT INFORMATION			
Name (First, Middle, Last)		Maiden Name	Alias Names
Address		Apt. #	Male    Female
City		State	Zip
Home Phone	Work Phone		Cell Phone
Email Address			
Previous Address 1		City/County/State	Dates of Occupancy
Previous Address 2		City/County/State	Dates of Occupancy
Date of Birth	Social Security #	Driver's License #	State

SKILLS/EXPERIENCE	
Employment Experience _____	Education Level <input type="checkbox"/> High School Student <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> College Student <input type="checkbox"/> College Degree
Volunteer Availability (check all that apply) <input type="checkbox"/> Weekdays <input type="checkbox"/> Evenings <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays	Languages Spoken (check all that apply) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Skills and Interests (check all that apply)	
<input type="checkbox"/> Typing/Word Processing <input type="checkbox"/> Administrative Tasks <input type="checkbox"/> Children's Programs <input type="checkbox"/> Data Processing/Spreadsheets <input type="checkbox"/> Customer Service <input type="checkbox"/> Senior Programs <input type="checkbox"/> Research <input type="checkbox"/> Planting/Gardening <input type="checkbox"/> Animal Services <input type="checkbox"/> Filing/Sorting Materials <input type="checkbox"/> General Outdoor Projects <input type="checkbox"/> Special Events <input type="checkbox"/> Answering Phones <input type="checkbox"/> Clean Up/Park Beautification <input type="checkbox"/> Other _____	

WAIVER/RELEASE OF INFORMATION	
I, _____, do understand and agree to the following:	
1) I am not entitled to compensation for performance of my duties as a volunteer, nor any employee benefits, nor am I covered by any workers' compensation. My liability coverage only covers official volunteer duties. 2) The offer of volunteer employment and consideration of continued volunteer employment is contingent upon acceptable review of information including but not limited to consumer credit history, criminal conviction history, driving record and other such reports that may exhibit information on my work habits, performance, education and experience, along with reason for termination of employment from previous employers where such information exists. 3) I knowingly and voluntarily authorize and consent to allow the City of Lancaster to request information from various Federal, State and other such agencies which maintain records concerning and relating to records that may contain my driving history, criminal history, credit history, civil history and other experiences. I hereby authorize without reservation any party or agency contacted by the City of Lancaster, as a condition of volunteer employment, to furnish the above listed information and to release and hold harmless all parties involved from any liability and responsibility for doing so. This authorization and consent shall be valid in its original, faxed or copy form. 4) I hereby agree to indemnify, defend and hold harmless the City of Lancaster, including its agents, employees or representatives, from any and all claims or causes of action, including any claims or causes of action resulting from the negligence or liability of the City of Lancaster, including its agents, employees or representatives, including, but not limited to, property damage, bodily injury or death arising out of or in any way connected to my participation in the City of Lancaster Volunteer Program. 5) I knowingly and voluntarily authorize and consent to allow the City of Lancaster to utilize my image or likeness for promotional purposes, both electronically and in print. 6) I certify that all information I have provided is true and correct.	
Applicant Signature: _____	Date: _____
<b>Parent/guardian must authorize permission for background check on minor.</b>	
Parent/Guardian Signature: _____	Date: _____