



Eagle Scout Program Packet



POST Partners Volunteer Program – Town of Castle Rock

POST Partners offers opportunities for Boy Scouts wishing to complete a project toward the rank of Eagle or Life Scout. Interested individuals must complete an Eagle and Life Scout application. Individuals must be at least 15 years old at time of application to be considered for a project. Individuals who are selected to complete a project must submit a project write-up for approval.

For additional information, call 303-814-7456 or e-mail us at MJones@CRgov.com.



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Potential Eagle Scout Project Ideas

This list is subject to change. Application for a Project must be received and approved by the Town of Castle Rock Volunteer Coordinator prior to starting any project.

- Construction and installation of Split Log Benches (popular, may not be available)
- Construction and installation of American Kestrel artificial nesting cavities
- Construction and installation of Bat Boxes
- Construction and installation of Raptor Perches
- Construction of Stair case at Rhyolite Park
- Construction and installation of Covered Benches at Tennis Court
- Picnic area by new Ridgeline Open Space parking lot at Coachline Road

This page updated on July 2018.



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Life and Star Rank Projects

- Silt and barbed wire fence
- removal Acquired land debris
- cleanup Fence staining and repair
- Trail corridor clearing
- Shed painting



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Eagle and Life Scout Project Application

Today's date _____

Troop # & Town _____

Proposed project location _____

Type of Scout project For Eagle Rank For Life Rank

Applicant Information		Alternate Contact Information (parent/mentor)	
Name		Name	
Address		Address	
Phone (Home)		Phone(h)	
Phone (Cell)		Phone (c)	
E-mail		E-mail	
Date of Birth (Must be at least 15 years old)		Relation to applicant	
Best time to call		Best time to call	

Estimated Project Completion Date: _____

Type(s) of project(s) you would like to accomplish: _____

STATEMENT OF COMMITMENT

I understand that this is only an application to complete a project towards the rank of Eagle Scout or Life Scout and does not guarantee that a project has been accepted by the Town of Castle Rock unless written approval is received by the **POST Partners** Volunteer Coordinator as there are only a certain number of projects that are completed on an annual basis. I also understand that I must be at least 15 years old at time of application to be considered for a project. I agree to make every effort to complete the above applied for project by the estimated completion date stated. Once the above noted project is accepted, I will submit a project write-up for approval and realize that I need to allow time for additions and changes to be made to my write-up by Town staff and the **POST Partners** program. I understand that Volunteer Rosters and Volunteer Waiver and Indemnification forms will have to be submitted to **POST** for all individuals helping with my project installation and that I will have to sign a separate policy commitment statement before starting my project. I am encouraged to submit photos taken on workdays but realize that participants have the option to agree to Photo Release terms on the back of their Volunteer Waiver and Indemnification form which they turn in. Lastly, I agree to schedule my final project installation date with the POST Volunteer Coordinator **at least two weeks** in advance.



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Policy Commitment Statement

POST Partners is cooperative effort between the Town of Castle Rock Parks and Recreation Department and residents, business owners, organizations, etc., who wish to contribute to the appearance of their community. It is understood that at no time is the safety of any volunteer to be compromised in the performance of any activity associated with this program.

I, _____ as a member of _____
Name Troop # or ORGANIZATION

On _____, 2018 agree to the following;

I acknowledge the hazardous nature of the work and agree to the following terms and conditions:

Participants in the group agree to obey and abide by all laws and regulations relating to safety and any special terms and conditions that may be required by the Director of Parks and Recreation for a particular parks, open space and trails.

I will be the Group Leader to serve as the spokesperson for my volunteers and crew.

I am aware of the fact that I can make special arrangements with the Parks and Recreation Department Volunteer Coordinator to borrow tools, gloves and vests as needed during regular business hours. Unused materials and supplies furnished by the Parks and Recreation Department shall be returned to the Department within one week after each work outing.

When participants are age 18 or younger, the group shall furnish adequate supervision. The Group Leader will assure that all participants are responsible people.

If a paid contractor is utilized, I will assume all responsibility for payment of services, and I will obtain a license number and copy of certificate of insurance, naming the Town as additionally insured from the contractor.

The group shall be responsible for prohibiting participants from possessing or consuming alcoholic beverages or drugs while on the adopted section. The Group Leader will discuss safety precautions with participants and assure that the appropriate tools and equipment are used during cleanups.

I realize that I may be requested to submit a work plan to the Parks and Recreation Department as part of my project write-up for approval.

I agree to submit the requested documentation outlined in the paperwork checklist and timeline action plan.

I agree to make every effort to complete the above applied for project by the estimated completion date stated of _____, 2018.

I will be responsible for providing a first-aid kit and ensuring that all participants follow all safety standards. A first-aid kit can be borrowed from the **POST Partners** volunteer coordinator upon request.



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My organization and myself shall release, relieve, hold harmless and indemnify the Town of Castle Rock and the Parks and Recreation Department, its agents, servants and employees for any and all actions, claims, injuries or lawsuits arising out of or in any way connected to the activities connected with the **POST Partners** program.

The group shall report to the Parks and Recreation Department any injury incurred by any participant during cleanup activities and any hazard encountered at the adopted site. See additional instructions on incident procedures, incident checklist and incident report. I realize that I can request tool-use training or incident procedure training from the **POST Partners** Volunteer Coordinator, if for any reason I am unsure of proper procedures.

*I agree to answer any and all e-mail or voicemail inquiries from the **POST Partners** Volunteer Coordinator to the best of my ability.*

THE CASTLE ROCK PARKS AND RECREATION DEPARTMENT AGREES TO:

- ❖ Communicate with the Eagle Scout via the Volunteer Coordinator or other Town employee during their write-up approval process and during the coordination of their workday activities.
- ❖ Coordinate and assist as needed in the completion of any special projects.
- ❖ Supply materials and/or tools, if necessary and requested.
- ❖ Arrange for the removal and disposal of any litter, trash, leaves and material collected from the adopted site, including recyclable materials.
- ❖ Supply and install Eagle Scout Project sign with the Scout and Troop name on it when the Boy Scout has satisfactorily performed the duties stated in this agreement.
- ❖ Provide Parks, Open Space and Trails Guide/Maps to the Eagle Scout and, if needed, maps of the project site location.
- ❖ Participants are encouraged to submit photos taken at their workdays. The photos will be used to promote the group's work and the POST Partners program. Each participant has the option to agree to Photo Release terms on the Volunteer Waiver Indemnification Form (listed under "I." on this form). Photos can be placed on a disk and submitted with your monthly paperwork or can be e-mailed to the Volunteer Coordinator at MJones@crgov.com.
- ❖ Provide **POST Partners** t-shirts and water bottles upon request.

Either the Town or the group may terminate this agreement within 10 days by written notification.

I have read and understood this statement of commitment for the **POST Partners** program, and I agree to the terms of participation.

Volunteer Coordinator

Scout Applicant-Please Print

Volunteer Coordinator-Date

Group Leader-Sign and date



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Contact Details

Scout Applicant	Alternate Contact
Name:	Name:
Address:	Address:
Phone(s):	Phone(s):
E-mail:	E-mail:
Best time to call:	Best time to call:

POST Partners Volunteer Program Contacts

Marcy Jones
 Volunteer Coordinator
 Scout Projects
 303.814.7456 Phone
 303.660.1011 Fax
MJones@crgov.com

Barbara Spagnuolo
 Natural Resource Specialist
 Educational Presentations
 Colorado Bluebird Project
 720.733.2294 Phone
 303-660-1011 Fax
bspagnuolo@CRgov.com

Parks Maintenance on-call pager number (assistance during your clean-up dates scheduled for the weekends, litter collection, etc.) 303.435.3345

Eagle Scout Project Paperwork Checklist

Pre-Project Items

- Eagle and Life Scout Project Application
- Service Project Write-up (including overall description, project details, tentative timeline, material list, tentative budget, and fundraising plans)
- Tool Inventory Request Form
- Eagle Scout Inspection Checklist and Roster
- Volunteer Waiver and Indemnification Forms (for each participant)
- Staff Business Cards/Contact Information

During Project Items

- Submit Tool Inventory Request Form (if needed)
- Have volunteers complete waivers (before project start date or upon arriving at the work site)
- Complete Eagle Scout Inspection Checklist and Roster for each work day involving volunteers
- Schedule project installation date with Volunteer Coordinator, at least **two weeks** in advance
- If project lasts more than 30 days or bridges more than one calendar month, turn in work-day Inspection Checklists and Rosters and Volunteer Waiver and Indemnification Forms by end of each calendar month
- Submit any copies of invoices for materials/deliveries that are billed directly to the Town
- Take photographs of work completed or on designated workdays to be included in any POST Partners publications



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Eagle Scout Project Paperwork Checklist

Post Project Items

- Your final write-up should include:
 - Your changes outlined in the change section of your Service Project Workbook
 - A final material list (listing materials & quantities actually used)
 - Final actual expense list (including donated materials and their estimated value, so that sponsor recognition can appear on our website and other publications)
 - Copies of any invoices for materials paid for or billed to the Town
- Submit copies or a disk of any photos to be included in any POST Partners publications
- Submit Inspection Checklist and Roster for each workday
- Submit Volunteer Waiver and Indemnification Forms for everyone listed on the roster (one per family)
- Return materials or tools loaned to you



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Eagle Scout Project Timeline/Action Plan

Pre-Project

- Select a project from the potential project list or meet with volunteer coordinator to conduct a project brainstorming session
- Submit an Eagle Scout Project Application
- Meet with POST Partners Volunteer Coordinator & other staff to discuss project details and specification to be included in your Service Project write-up
- Conduct site visit to determine project installation location and specifications
- Complete project write-up and upon approval receive signature from Volunteer Coordinator
- Submit Tool Inventory Request Form and schedule time to pick up any borrowed tools or supplies

During Project












- Have volunteers complete Volunteer Waiver and Indemnification Form and return to you (one per family)
- Schedule project installation or workday with Volunteer Coordinator at least two weeks in advance
- Complete Eagle Scout Inspection Checklist and Roster for each workday and turn into Volunteer Coordinator by the 30th of the month

After Project

- Notify Volunteer Coordinator of project completion via e-mail or phone
- Submit Eagle Scout Inspection Checklist and Rosters for each workday along with corresponding waivers
- Complete change section of Service Project Workbook
- Update estimated budget to reflect actual expenses
- Update material list to reflect actual items purchased or donated and correct quantities
- Submit any project photos to Volunteer Coordinator for use in Town publications and/or website
- Return any tools or unused materials











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Eagle Scout Tool Inventory List Request Form

Name:				Date Needed:
Number Needed	Photo	Number Available	Item Name	Item Description/Location
		1	Axe	
		1	Broom-Nylon	
		1	Broom-Push	24"
		12	Buckets	5-Gallon, PVC, White
		8	Cones-Safety (18")	Orange
		1	Drill-Cordless w/ charger & battery	
		2	File	Round, 10"
		3	Flagging tape rolls (pink)	150' ea.
		10	Flags-Marking Pins	2.5" x 3.5"
		1 case	Garbage bags (heavy duty)	56 Gallon
		2	Hammer-Engineers (double-headed)	4 lbs.














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Eagle Scout Tool Inventory List Request Form

Number Needed	Photo	Number Available	Item Name	Item Description/Location
		2	Hammer-regular	16 oz.
		2	Hammer-sledge, 2 faced	8 lb.
			Hoe-Adze	
		2	Level	48"-3 Vial
		3	Loppers-Large (32")	Heavy-Duty
		3	Loppers-Medium (22-26")	Telescope
		1	Leatherman multi-tool	
		2	Mattocks-Cutter	Heavy/Large
		2	Mattocks-Hoe (also called Tiller)	36"
		5	Mattocks-Pick	Heavy/Large
		1	Mattocks-Pick	2.5 lbs.
		12	McLeod	4' Handle

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Eagle Scout Tool Inventory List Request Form

Number Needed	Photo	Number Available	Item Name	Item Description/Location
		1	Pliers- Diagonal w/ cutting edge – 6"	(See Wire Cutter also)
		1	Pliers – Groove Joint – 8"	
		1	Pliers-Linesman – 6"	
		2	Pliers-Needle Nose (6")	With wire cutting edge
		2	Pliers-Slip Joint 8" or 6" (1 ea.)	
		1	Post Hole Digger	Rock Park Shed
		5	Pruners-Hand	Ratchet
		2	Pulaskis	3.75 lbs.
		1 ea.	Putty Knives/Scrapers (2", 3", or 6" widths)	
		2	Rake-Landscape/Field	36"
		2	Rake-Lawn/Leaf	48"-26 Tines
		4	Rake-Standard Hard/Bow	16 Tines
		2	Rock Bar	6 ft.








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Eagle Scout Tool Inventory List Request Form

Number Needed	Photo	Number Available	Item Name	Item Description/Location
		2	Rubber mallet	16 oz.
		4	Saw-Bow (21")	
		4	Saw-Pruning (folding) 14"	
		2	Shears-Hedge (21")	
		6	Shovel-Flat-nosed	
		6	Shovel-Gardening	
		4	Shovel-Spade	
		1	T-Post Driver	Rock Park Shed
		1	Tamper-Plate (15-20 lbs.)	Service Center
		2	Tape Measure	1" x 25'
		1	Tape Measure	3/8" x 100'
		1	Tarp-small (10 x 12'-Heavy Duty-10 oz.)	Tan

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Eagle Scout Tool Inventory List Request Form

Number Needed	Photo	Number Available	Item Name	Item Description/Location
		1	Tarp- medium/ light wt. (12 x 16')	Blue Poly
		2	Trash cans (light weight)	32 Gallon
		1	Utility Garden Cart	Heavy Duty
			Utility Knife-6"	
		1	Utility Scissors	
		2	Weed Cutter (Triangle frame)	
		2	Wheelbarrows	6 Cu. Ft.



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Eagle Scout Inspection Checklist & Roster

(This form should be completed each time a group returns from maintaining a park, open space or trail or works on a project and turned in no later than the 30th of each month.)

Troop: _____ Work Date: _____

Park/Open Space/Trail Location: _____

Group Leader: _____ Day Phone: _____

Number Of Volunteers: _____ Time Worked: _____

What activities did you accomplish?

What is the goal for your next project work day and when is it scheduled?

List any items of particular concern that require immediate attention by our staff .

Have waivers been submitted for all volunteers? (Note: one waiver per volunteer per calendar year). Yes No

RETURN CHECKLIST TO:

Marcy Jones, Volunteer Coordinator
Town of Castle Rock
Parks and Recreation Department
1375 W Plum Creek Parkway.
Castle Rock, CO 80109
(303) 814-7456 Phone/303-660-1011 Fax



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Volunteer Waiver and Indemnification Form

Participant Name: _____ Site Location: _____
Organization Group: _____ Today's Date: _____

RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT: PARTICIPANT MUST READ EACH SECTION CAREFULLY BEFORE SIGNING

In consideration for being permitted to perform the below-described volunteer activities for the Town of Castle Rock (Town), I hereby acknowledge, represent, and agree as follows:

A. I understand that said activities are or may be dangerous and do or may involve risks of injury, loss, or damage. I further acknowledge that such risks may include but not be limited to bodily injury, personal injury, sickness, disease, death, and property loss or damage. I acknowledge that such risks may arise from a variety of foreseeable and unforeseeable circumstances connected with the use of the activities; including but not limited to the following risks: Possible cuts and scrapes on hands if left unprotected.

Activities to be performed: _____

B. By signing this **RELEASE AND INDEMNIFICATION AGREEMENT**, I hereby expressly assume all such risks of injury, loss, or damage to me or to any third party arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of the Town, its officers, its employees, or by any other cause.

C. By signing this **RELEASE AND INDEMNIFICATION AGREEMENT**, I further hereby waive, and exempt, release, and discharge the Town, its officers, and its employees from, any and all claims, demands, and actions for such injury, loss, or damage, arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of the Town, its officers, its employees, or by any other cause, excepting only the willful and wanton conduct of the Town's officers or employees.

D. I further agree to defend, indemnify and hold harmless the Town, its officers, employees, insurers, and self-insurance pool, from and against all liability, claims, and demands, including any third party claim asserted against the Town, its officers, employees, insurers, or self-insurance pool, on account of injury, loss, or damage, including without limitation claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever, which arise out of or are in any way related to the above-described activities, whether or not caused by my act, omission, negligence, or other fault, or by the act, omission, negligence, or other fault of the Town, its officers, its employees, or by any other cause, excepting only the willful and wanton conduct of the Town's officers or employees.

E. By signing this **RELEASE AND INDEMNIFICATION AGREEMENT**, I hereby acknowledge and agree that said **AGREEMENT** extends to all acts, omissions, negligence, or other fault of the Town, its officers, and/or its employees, and that said **AGREEMENT** is intended to be as broad and inclusive as is permitted by the laws of the State of Colorado. If any portion hereof is held invalid, it is further agreed that the balance shall, notwithstanding, continue in full legal force and effect.

F. I understand and acknowledge that the Town, its officers, and its employees are relying on, and do not waive or intend to waive by any provision of this **RELEASE AND INDEMNIFICATION AGREEMENT**, the monetary limitations (presently \$150,000 per person and \$600,000 per occurrence) or any other rights, immunities, and protections provided by the Colorado Governmental Immunity Act, C.R.S. §24-10-101 et seq., as amended, or otherwise available to the Town, its officers, or its employees.

G. I understand and agree that the laws of the State of Colorado shall govern this **RELEASE AND INDEMNIFICATION AGREEMENT**, and that jurisdiction and venue for any suit or cause of action under this Agreement shall lie in the courts of Douglas County, Colorado.

I HAVE READ and UNDERSTAND EACH SECTION ABOVE:

_____(Participant initials here)
_____(If Participant is under 18 years old, Parent initial here)



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Volunteer Waiver and Indemnification Form

This **RELEASE AND INDEMNIFICATION AGREEMENT** shall be effective as of the date set forth below and shall be binding upon me, my successors, representatives, heirs, executors, assigns, and transferees.

II. PARTICIPANT SIGNATURE AND DATE:

Participant - Print Name: _____ Participants Signature: _____

Date of Signature: _____ Age: _____

III. IF PARTICIPANT IS UNDER 18 YEARS OLD, PARENT SIGNATURE AND DATE:

A By initialing above and signing below, I acknowledge that I am the parent of the above-named Participant as the term "parent" is defined in C.R.S. Section 13-22-107(2)(b), and I hereby waive and release any prospective claim of the Participant against the Town, its officers, and its employees for negligence, to the extent provided in C.R.S. Section 13-22-107(3), in connection with the above-described activities.

If signing for other family members, please print their names and year of birth below:

B I hereby grant the Town of Castle Rock and the Parks and Recreation Department the right and license to use my and my child's name, image, likeness and comments in Castle Rock materials for internal and external audiences. These materials include, but are not limited to, advertisements, brochures, news releases, magazines, newspapers, newsletters, videos and websites.

- YES**, the Town is authorized to use my/my child's name/image.
 NO, the Town is not authorized to use my/my child's name/image.

Parent - Print Name: _____ Parent's Signature: _____

Date of Signature: _____

Mailing Address:

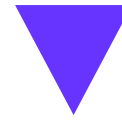
E-mail Address: _____

Phone: _____

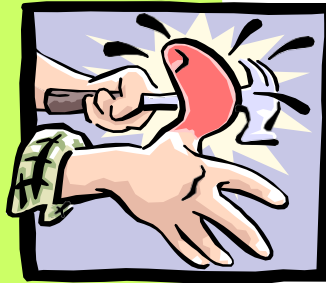
- No, please do not contact me regarding parks, open space and trail news and volunteer events.**

Please Note: Although *the Town of Castle Rock has partnered with the Volunteers of America to secure minimal insurance coverage for all our volunteers, it is our sincere hope that you donate or give up any claim you may acquire during your volunteer service so that we may keep insurance costs to a minimum. It is our recommendation that you consult with your insurance agent to be sure that your personal insurance coverage is sufficient to cover you for any volunteer services you perform.*

Supervisor/ Crew Leader Incident Procedures



**WHAT IF ONE OF
MY CREW MEMBERS
GETS INJURED?**



Supervisor/Crew Leader Incident IF A CREW MEMBER IS INJURED:

- Assess what medical attention might be needed. If you or the injured person believes the injury is a life-threatening emergency, call 911 immediately.
- If the injury is not life-threatening, provide basic first aid from the provided on-site first aid kit.
- If an ambulance is not needed or requested, but if more medical attention is required, Town employees and crew leaders are not responsible for transportation to a medical facility. Please call the injured person's emergency contact to provide transportation.
- Fill out an incident report. Give the injured person a copy and turn the rest into the site supervisor.
- Call either Marcy Jones, POST Partners volunteer coordinator at 720-357-0205 or Karla McCrimmon, Teen Court coordinator at 303-475-5128 to inform them of the incident.



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Volunteer Incident Report

Name of Organization:	Name of Group Leader:
Name of Injured:	Group Leader Phone #:
Date of Incident:	Time of Incident:
Location:	

Type of Incident:

- Injury Property Damage Vehicle Accident Fire/Explosion

Injury:

Body part injured: _____

Describe treatment: First Aid Medical

Ambulance called: Yes No

Police notified: Yes No

Transportation:	Treatment facility:
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Emergency contact information: Yes No

Name of person notified:	Emergency contact phone:
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Incident Details:

Where & how did incident occur?	
Causes (tools, vehicles, environment, etc.)?	
Personal Factors (altitude, lack of knowledge, fatigue, etc.)?	
Name of injured:	Witness name:
Address:	Address:
City, state, zip:	City, state, zip:
Phone (home):	Phone (home):
Phone (cell):	Phone (cell):
E-mail:	E-mail:
Date of birth:	
Sex:	

Signatures:

Injured _____ Date _____

Group Leader _____ Date _____

Received by (Town employee) _____ Date _____