

Adopt-a-Spot Application

Date:			
	First Name: _		
Address:			
City:	State:	Zip:	
Home Phone:	Alternate Number:		
Email:			
Group Affiliation, if any			
If you are a member of a group, are	e you the group's desig	nated spokesperson? ()Y e s () No	
I would like to adopt the following area photographs of the areas – specifical	• •	ne as specific as possible and <u>INCLUDE</u> 3-5 ries of area and frontal view)	
·	• •	· · · · · · · · · · · · · · · · · · ·	
photographs of the areas – specifical Signature	• •	ries of area and frontal view)	
photographs of the areas – specifical Signature Office Use Only:	lly views of <u>ALL</u> boundar	ries of area and frontal view)	
photographs of the areas – specifical	unteer ID#:	Date Return application to: City of Arlington Parks and Recreation Office	
photographs of the areas — specifical Signature Office Use Only: Application Accepted:	unteer ID#:	Date Return application to: City of Arlington	



Special Project

City of Arlington Volunteer Services-Human Resources Department 101 S. Mesquite Street – Suite 790 Arlington, Texas 76004 817-459-6869

Name:		As	signment:	
Last	First	M.I.		
Address:	City			
	-		ip	
Home Phone:		V	Vork Phone:	
In case of emergency,	notify: Name:			
	Address:			
	Phone:	· · · · · · · · · · · · · · · · · · ·		
		WAIVER AND R	ELEASE	
include activities tha municipal facilities of Arlington Municipal NHARMLESS THE EMPLOYEES, FRODAMAGES, PERSOANY NATURE OR FROM MY PARTIC DAMAGES AND/OF	at are off-site, including to fithe City of Arlington. In a volunteer Program, I DO I CITY OF ARLINGTON, IM AND AGAINST ANY INAL INJURIES INCLUDING COURTION IN THE CITY	urs, trips, outings consideration for re HEREBY AGREE TEXAS, ITS AND ALL CLAIN OF AND ATTO OF ARLINGTON AS A RESULT (gram (the "Program") I understand my participation and excursions at locations other than City Hall occiving permission for myself to participate in the CTO RELEASE, DISCHARGE, INDEMNIFY AND FIGENTS, REPRESENTATIVES, VOLUNTEERS, MS, DEMANDS, CAUSES OF ACTION, LIABILIPERTY DAMAGE, ECONOMIC LOSSES, OR LOSENTEYS FEES IN CONNECTION WITH OR ARIMUNICIPAL VOLUNTEER PROGRAM, INCLUMENTE THE NEGLIGENCE OF THE CITY OF ARLING	or the City of HOLD AND ITIES, SS OF ISING JDING
	that the execution of th ental immunity or any oth		ot constitute a waiver by the City of Arlington of	of the
	-OR- am the parent or guardia on behalf of the minor and	ın of the minor chi	of Applicant Id, and that I have the legal right and authority to	enter
		Signature	of Parent/Guardian	
minor child of Arlington. I affirm	to the use of my child's	or the purpose of tage	Volunteer Program to use the visual depiction or raining, advertising, publicity and promotion of the agree to hold the City of Arlington harmless from of my child's appearance.	e City
		Signatur	e of Parent/Guardian	
understand and agreeeive no paymen representations mad the City of Arlington the will of the City o	ree that I am a voluntee t for my services. No c de in connection with the . I understand that I am r f Arlington. I have no exp	r when participati ontract or agreen Municipal Volunte not an employee o pectation of contin	is subject to verification by the City of Arlingting in all activities of the City of Arlington and I nent of employment is created by any written of er Program or in connection with any other prograf the City of Arlington, rather a volunteer who servuing my participation in the program. As a volunt or the program may be discontinued at any time	shall or oral cam of ves at teer, I
Signature of Applica	ant		Date	
Parent or Guardian	(for minors)			