Basic Forms Packet

Keep Columbus Beautiful

Page 1 PACKET SUMMARY

Page 2 EVENT REGISTRATION FORM

Complete this form and submit by email or fax as soon as you know the date of your event. AAA's groups may use one form and enter all their future cleanup dates if known. Return this form as far in advance of your event date as possible to allow KCB opportunity to plan for your supply needs.

Page 3 TOOL & SUPPLY LIST

This form lists most of our common tools used for litter cleanups and garden beautification. It is important that this form be <u>submitted at the same time as your registration form</u>. Remember to mark the date and time supplies can be picked up and returned at the bottom of the page.

Page 4 <u>EVENT ACTIVITY SUMMARY</u>

After each event complete this form and send back via email or fax. Please do so within 48 hours after the event has ended. Please fill in as many stats as you can; all events include the number of volunteers, starting/ending time; litter cleanups include the number of bags.

Page 5 ADOPT-AN-AREA REGISTRATION

To adopt an area and commit to cleaning it up a minimum of 3 times a year this form must be completed and returned via email or fax for approval. This form is completed once for the initial adoption request and renewed each time thereafter at the end of each adoption period. The initial adoption shall be for 2 years.

Page 6 ADOPT-AN-AREA LIABILITY RELEASE

Necessary for all Adopt-An-Area groups to complete and submit.

Page 7/8 <u>CLEANUP SAFETY CHECKLIST</u> (with Dog Bite Prevention tips)

It is highly recommended that these guidelines are reviewed for each event.

Page 9 <u>VOLUNTEER COMMITMENT & LIABILITY RELEASE</u>



Keep Columbus Beautiful

Event Registration Form

1265 Marion Rd, Columbus, OH 43207 Telephone: 614-645-2421 Fax: 614-645-7747

EMAIL TO: KEEPCOLUMBUSBEAUTIFUL@COLUMBUS.GOV

Organization/Individual Identification

ALL CONTACT INFORMATION MUST BE CHECKED FOR ACCURACY AND WILL BE POSTED ON THE KCB WEBSITE. PLEASE INCLUDE STARTING LOCATION FOR YOUR EVENT. COMPLETION AND SUBMISSION OF THIS FORM ELECTRONICALLY OR OTHER MEANS, CONSTITUTES PERMISSION TO POST ALL CONTACT INFORMATION ON THE KCB WEBSITE FOR THE GENERAL PURPOSE OF PROMOTING GREATER VOLUNTEER INVOLVEMENT.

III OLVEINEITI.						
Name of Organization:						
Address:						
City: State:			Zip:			
Contact:	Daytime F	Phone #:				
E-mail Address:						
Alternate:	Daytime F	Phone #:				
E-mail Address:						
Please submit the attached <u>Tool Supply List</u> with your After your event is completed, fill out and submit the follow Activity Information				IE EVENT TIMES		
Date(s) of event(s):		IF EVENT TIMES CHANGE, PLEASE INFORM KCB				
Rain date(s) (optional):	Time(s):					
Estimated number of volunteers: Adults	Children					
Event(s): □Litter Cleanup	□Beautit	fication/C	Community	\prime g arden \Box Othe		
Details of event (provide street boundaries for cleanups):						
Does this area have alley collection of refuse? (circle	one) Y	es □	No □			
Are you using a private hauler for your cleanup?	Y	es 🗆	No □			
If yes, which company? (include contact & phone)						
If no, please give the exact location where bagged tra	ish is to be co	ollected:				



CLEANUPS, BEAUTIFICATION, AND COMMUNITY GARDENS

Keep Columbus Beautiful

Event Tool & Supply List

1265 Marion Rd, Columbus, OH 43207 Telephone: 614-645-2421 Fax: 614-645-7747

EMAIL TO: KEEPCOLUMBUSBEAUTIFUL@COLUMBUS.GOV

Keep Columbus Beautiful has the following supplies and tools available for litter cleanups and beautification projects. We also have Graffiti Paint out supplies. Please indicate the number of items you will need for your event, and submit this list with your *Event Registration* form.

Cleanup Date

<u>Supplies</u>	# Needed									
Glad [®] Bags		Please return unused bags								
Brown Jersey Gloves		Please return gloves washed and dried								
	I to Keen Columbus Be	autiful following	g vour clean up. Fo	or weekend events, tools &						
Note: All tools must be returned to Keep Columbus Beautiful following your clean up. For weekend events, tools & supplies must be scheduled for return the following Monday or Tuesday.										
Tools	# Needed		Tools	# Needed						
Brooms - Push			Wheelbarrow							
Brooms - Corn			Litter Grabber							
Shovel-Large Scoop			Butt Kicker							
Shovel-Short Small Scoop			Weeder							
Shovel-Long Small Scoop			Garden Rakes							
Shovel-Long Med Scoop			Leaf Rakes							
Shovel-Pointed Tip			Safety Vests							
Edger			Spade							
Hoe			Lopper							
Blue Bucket 5 Gal			Shearer							
The KCB Visitor & Supp										
Supply pickups and returns confirm all appointments a Indicate what is best for you	nd will have your o		ppointment. Ple	ease plan ahead, we will						
Contact Person: Daytime Phone #:										
SUPPLY PICKUP DATE: TIME: REMARKS										
SUPPLY RETURN DATE:		TIME:	REMARKS							



Keep Columbus Beautiful

Event Activity Summary Form 1265 Marion Rd, Columbus, OH 43207

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EMAIL TO: KEEPCOLUMBUSBEAUTIFUL@COLUMBUS.GOV

Please return via email or fax to KCB. Include 1 large group photo and individual action shots of your event! Photos may be emailed after your event in jpeg format, 5 megabyte or less preferred.

Please <u>complete</u> this form in	nmediately after you	r event
Name of Organization:		
Event Planner:		
Address:		
Daytime Phone No.:E-mail		
Date of Event:		
TYPE OF ACTIVITY:		
Litter Cleanup Number of Participants	Start Time	End Time
Beautification Number of Participants	Start Time	End Time
Other Green Event Number of Participants	Start Time	End Time
PLEASE FILL IN PERTINENT INFORMATION FOR	YOUR EVENT.	
Approximate number of garbage bags filled:		
Number of bags of recycled items filled:		
Miles of streets/roads/highways cleaned:		
Miles of hiking/biking/nature trails cleaned:		
Acres of parks/public lands cleaned:		
Number of trees planted:		
Number of cell phones collected to be recycled:		
·		
Number of tires collected to be recycled:		
Brief description of event/unusual things coll	ected:	



END LITTERING Keep Columbus Beautiful

"Adopt an Area" Registration Form

1265 Marion Rd, Columbus, OH 43207 Telephone: 614-645-2421 Fax: 614-645-7747

EMAIL TO: KEEPCOLUMBUSBEAUTIFUL@COLUMBUS.GOV

Keep Columbus Beautiful is a volunteer-driven City of Columbus community improvement program within the Department of Public Service and an award-winning affiliate of national not-for profit Keep America Beautiful. Our program provides equipment, supplies and assistance to over 9000 participants per year.

The KCB Adopt an Area program is designed to ensure our main arteries and major urban corridors throughout the city remain litter-free and create a positive first –impression of our neighborhoods. As an Adopt an Area Partner you are committing to ongoing abatement of visible trash and debris along the public right of way so these streets remain a safe and economically viable asset to each given community.

Name:			
(Individual or Organization)			
Address:			
City:	State:	Zip Code:	
Phone Numbers:			
(Day, evening, cell, others)			
Email Address:			
Officers (of the organization):			
(I), (We), hereby "adopt" the area dethree times a year: Area:			trash cleanup at least
In honor of your pledge to END Liwith the name your organization values:	ITTERING in Columb	ous, an official Adopt a	_
(Individual or Officer of Organization)	·		
	Danama	Data	
Effective Starting Date:		Date:	
(At least two years are required)	(Renev	vals are for two years)	



Keep Columbus Beautiful

ADOPT AN AREA PARTNERSHIP COMMITMENT & LIABILITY RELEASE

1265 Marion Road, Columbus, OH 43207 Telephone: 614-645-2421 Fax: 614-645-7747

EMAIL TO: KEEPCOLUMBUSBEAUTIFUL@COLUMBUS.GOV

Date:				
I, the undersigned Permittee reviewed the Adopt an Area	a brochure and safety g	_	commit to a two	•
maintenance partnership. A me/organization to participa	-	-		-
INDEMNIFICATION The Permittee, for himself/l concert with the Permittee a Columbus Beautiful and the representatives, against any without limitation strict or a expense, including without be inclined in connection winjury or death of any person this permit. In no event shall any third party with whom other representatives of the	agrees to indemnir and eir respective officials, loss, claim, cause of a absolute liability in tort limitation, attorney's fith, or in any manner and resulting from, or arith the permittee or any he/she/it contracts be c	hold harmless the employees and of action, damage, or to by statute impress to the extent parising out of any dising out of, without of his/her/its controls onsidered the offi	city of Columbu her agents and liability whatsoev osed, charge, coat ermitted by law, v damage or loss to out limitation the or actors, workers, a cers, employees, a	yer, whether t or which may property or operation of agents, or
The Permittee is hereby wa that activities be covered by		ity for injuries and	l damages and it is	s required
SIGNATURE	PRINTED NAM	ME	ADDRESS	



Cleanup Safety Checklist

- Designate a <u>safety officer</u> whose only responsibility is safety and trouble-shooting. This person should have a first aid kit, a cell phone, and a list of emergency phone numbers. Review this safety checklist with volunteers before they get to work.
- Ask volunteers to sign the liability release/sign-in sheet this is probably the best way to direct their attention to the need to follow safety rules.
- DRESS properly; wear heavy shoes and long pants; gloves use sunscreen and insect repellent when appropriate.
- DRINK plenty of fluids, avoid over-exertion, get help with large objects. Use proper lifting and bending techniques.
- Do not overstuff bags or pickup anything that could be hazardous to vour health.
- NEEDLES, sharp or unusual objects. If found needles should be placed into a hard plastic pop bottle with cap using the litter grabber provided. Only then may bottles (with needles) be placed in the trash bag. TEAM Leader should have at least one bottle for their group with their supplies. Also whenever found please report the location to someone in authority for follow up.
- When near a road, wear bright colors, work in groups, and always face on-coming traffic. IMPORTANT--Wear your SAFETY VEST!
- INSECTS -Check each other for ticks. If you are stung by a bee/wasp and fear a life threatening allergic reaction, call 911.
- POISON-Be aware of poison ivy or other poisonous or sharp plant materials. Protect with long sleeve shirts and pants.
- ANIMALS- when cleaning up in neighborhoods you may encounter unfriendly dogs. If approached by a growling or angry animal stand still, do not run or make direct eye contact. Move slowly away from the animal when appropriate. See dog bite prevention tips (next page)
- Snakes usually "non-poisonous" reside in wooded and wet areas, abandoned tires: be cautious at all times.



Dog Bite Prevention

Don't Invite a Bite!

Dogs may bite for a variety of reasons...fear of a strange person, territorial aggression, protecting a litter of puppies, etc. Dogs who are injured or not properly socialized with people are also more prone to biting out of fear.

To avoid becoming the victim of a bite, follow these tips:

- Never approach a dog you do not know.
- Assume any dog you don't know, may bite.
- Avoid direct eye contact with aggressive dogs.
- Never disturb a dog who is sleeping, eating or protecting puppies.

If a strange dog approaches you:

- Remain calm ~ do not scream or yell.
- Freeze and remain still. Avoid sudden movements. Above all, do not run, as this invites a chase.
- Turn your head away slightly, avoid direct eye contact.
- Be patient. Wait until the dog loses interest and back away slowly.

If you are attacked by a dog:

- Seek cover and try to use any object you have to place between you and the dog ~ a coat, book bag, etc.
- Try to stay on your feet.
- If knocked down, curl into a ball on your knees and use your arms to protect your face and neck.

Report dog bites to:

- In the city of Columbus & Worthington, call the Columbus Health Department at 645-6134.
- Any other location in Franklin County, call the Franklin County Public Health at 525-3160.



DATE:



VOLUNTEER COMMITMENT AND LIABILITY RELEASE

service activity. In no event shall the PERMITTEE or any of his/her/its contractors, workers, agents, or any third party with whom he/she/it contracts be considered the any injury sustained by the participant, or for loss or damage to property owned or in the possession of the participant during or as a result of participation in this volunteer recognize and assume all risks and injury, hereby agree that the following agency, KEEP COLUMBUS BEAUTIFUL, will be held harmless, not be liable or legally responsible for The undersigned as a participating member of the PERMITTEE; an outside agency or third party group engaged in a volunteer service cleanup or beautification activity, and share photos taken of participants of this activity. PERMITTE, outside agency or third party group organization to participate in service, I do hereby consent and agree to release permission for KEEP COLUMBUS BEAUTIFUL to use located on the back of this form. As part of the consideration for the City of Columbus allowing me the undersigned as a participating member of the PERMITTE under said officers, employees, agents or other representatives of the Cmy or Columbus Keep Columbus Beauthul. The undersigned is being informed of suggested safety guidelines

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																FIRST
																Qo
																& LAST
																GROUP NAME /EVENT
× - 3	2 8	- 10	20			8 2	- 45			S 49	- 2		199			CELL#
																E MAIL

This signed release form is to be returned upon completion of said activity to Keep Columbus Beautiful 1265 Marion Rd Columbus Ohio, 43207