

## Orland Park Adopt-A-Park Application

| ORGANIZATION:                     |  |  |
|-----------------------------------|--|--|
| (as it is to appear on your sign) |  |  |
| CPOLIB CONTACT BERSONI.           |  |  |
| GROUP CONTACT PERSON:             |  |  |
| (must be at least 18 years old)   |  |  |
|                                   |  |  |
| TITLE OR POSITION:                |  |  |
|                                   |  |  |
| EMAIL ADDRESS:                    |  |  |
|                                   |  |  |
| PHONE NUMBER:                     |  |  |
|                                   |  |  |
| MAILING ADDRESS:                  |  |  |
|                                   |  |  |
|                                   |  |  |
| ESTIMATED NUMBER OF PARTICIPANTS: |  |  |
|                                   |  |  |
| PREFERRED ADOPTION SITE/PARK:     |  |  |
|                                   |  |  |
| SECONDARY ADOPTION SITE/PARK:     |  |  |
|                                   |  |  |
| TENTATIVE START DATE:             |  |  |
| TEINIMITE OF MICE.                |  |  |
|                                   |  |  |

## STATEMENT OF AGREEMENT:

As a representative of this organization, I have read and agree to abide by the policies, regulations and safety recommendations as put forth by the Village of Orland Park in regard to the Adopt-A-Park Program.

I understand all rules of the Adopt-A-Park Program/park policies of the Village of Orland Park, and that failure to uphold these guidelines will jeopardize my group's involvement in the Adopt-A-Park Program.

- I understand it is my responsibility to have all participants of my organization involved in the Adopt-A-Park Program sign the required volunteer waiver form.
- I understand that the Village of Orland Park will make the final determination as to whether a group can participate in the program as well as the final park assignment.
- I understand the Village of Orland Park will also have the authority to remove groups from the program if they do not uphold the guidelines of the Adopt-A-Park Program.
- I understand this is an application for the Adopt-A-Park Program and the Natural Resources and Facilities Operations Manager will contact me to finalize an agreement.

| SIGNATURE: | DATE: |
|------------|-------|
|            |       |

Please email completed applications to Mike Mazza, Natural Resources and Facilities Operations Manager at <a href="mmazza@orlandpark.org">mmazza@orlandpark.org</a> for review.