

**Florence Township Park Commission**

**Park Activity Application**

**Volunteer Service Agreement, VSA, (Waiver) must be attached.** Get from the Township website, under Park Commission. VSA must be signed and submitted to the Town Board prior to start of any work.

Applicant Name/s: \_\_\_\_\_

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

**Proposed Activity Description** – If activity is for area in Valhalla Park or Wakondiota please also fill out **PAA-Vegetative Removal Form** (Please attach supporting materials as needed, e.g. photographs, drawings, or lists)

**Location** \_\_\_\_\_

**Proposed Timeline:** Start date \_\_\_\_\_ Targeted Completion Date \_\_\_\_\_

**Proposed Labor**  
(Professional service name, residents, other)

**Estimated Cost Details and Total**  
(Labor, materials, permits, other)

**Proposed Sources of Funds**  
(Township, private, grants, other)

**Park Commission Action-Applicant presents PAA to Park Commission first.**

- Approved: Park Commissioner signature & date: \_\_\_\_\_
- Approved with following conditions: \_\_\_\_\_
- Denied (reason): \_\_\_\_\_
- Date Sent to Town Board: \_\_\_\_\_

**Town Board Action – Applicate must be present at Town Board Meeting when PAA is presented.**

- Approved
- Approved with following conditions: \_\_\_\_\_
- Denied (reason): \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Volunteer Service Statement & Agreement

Date: \_\_\_\_\_, 20\_\_

I, \_\_\_\_\_, make this Statement and Agreement in order to provide, and to be authorized to provide, the following uncompensated services to **Florence Township** as a volunteer: (Specify Nature and Scope of Services)

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The volunteer services will be provided over the following period of time: \_\_\_\_\_ to no later than \_\_\_\_\_. Oversight for this project will be provided by the following town officer on behalf of the town: \_\_\_\_\_.

In performing the specified volunteer service, I acknowledge that:

- I am 18 years of age or older and know of no reason, medical or otherwise, which would prevent me from performing the tasks required;
- I have acquainted myself with what is required to perform those tasks, and represent that I have the skill and ability to perform them;
- I assume full responsibility for my own safety and the safety of others, and except where resulting from the negligence of the Township or its employees, I will hold the **Township of Florence** harmless for any injury to me or damage to my property and for Injury or damage resulting from my own negligence;
- I am a volunteer worker and therefore am not covered by the town's workers' compensation policy; and
- I will perform the volunteer service in compliance with the standards and specifications established, or approved, by the Township, and will honor the direction of Township Officials to suspend or terminate service.

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

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Town Clerk

Return to: Florence Township  
P.O. Box 97  
Frontenac, MN 55026  
or delivered to any Town Board Member.