

**Park Activity Application**

**Vegetative Removal & Volunteer Service Agreement**

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Proposed Activity Description**

(Please attach supporting materials as needed, e.g., photographs, drawings, or lists)

**Location of Site:** \_\_\_\_\_

(Mark area on the McGhie & Betts Valhalla Map or GIS Map for Wakondiota)

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

Report to Jane Webster-Urbach by email when work is completed. janewebsterurbach@gmail.com  
(work completed, work yet to be done, next steps, any issues or roadblocks)

**Removal of Vegetation:** \_\_\_\_\_

- What vegetation is planned to be removed? (Please be specific, e.g. invasive or low-priority trees; green ash, black locust, box elder, sumac) NO tree removal of trees over 6”.
- What is the current condition of the site? (Describe and provide pre-activity photos)
- What techniques and/or technologies are to be used?
- Disposal - How and Where?

**Proposed Labor (Professional name, residents, other) - Attach Volunteer Service Agreements for all.**

**Estimated Cost Details and Total**

(Labor, materials, permits, other)

**Proposed Sources of Funds**

(Township, private, grants, other)

**Commission Action**

- Approved: Park Commissioner signature & Date \_\_\_\_\_
- Approved with following conditions: \_\_\_\_\_
- Denied (reason): \_\_\_\_\_
- Date Sent to Town Board: \_\_\_\_\_
- Is Land Use Permit needed? \_\_\_ Yes \_\_\_ No If Yes, date sent to Planning Commission \_\_\_\_\_

**Town Board Action**

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

Supervisor signature and 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)

---

---

---

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 township officer on behalf of the township:

---

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.