



City of Pittsburgh
Department of Public Works
Volunteer Park Litter Clean-Up Application
and Litter Bag Pick Up Request Form

This form is intended to be used for individuals and groups interested in performing one-day volunteer clean-ups in a City park (the "Project"). If you are interested in providing other volunteer services for a City park, please e-mail Marcelle Newman at marcelle.newman@pittsburghpa.gov or call 412-255-2488. If you are interested in providing volunteer services for and/or gardening on a vacant lot or other open space, please contact Shelly Danko+Day at shelly.dankoday@pittsburghpa.gov or 412-255-2287.

The City's Department of Public Works ("DPW") will pick up filled refuse bags if requested below.

PLEASE NOTE: You should allow at least three to four (4) weeks for DPW to process your request and to secure union approval. We strongly suggest that you do not advertise your event until you have received a confirmation e-mail from DPW that the union has approved the Project and the Project location is available (as detailed further below). Power tools are not permitted. Requests are processed in the order they are received.

Thank you for your interest in helping to keep our parks clean!

Individual or Organization: _____

Address: _____

Team Leader/Contact Person: _____

Note: The Team Leader/Contact Person must be on site for the duration of the Project. If this person is unavailable on the Project date, you must supply the name and phone number of an alternate contact to DPW prior to commencing volunteer activities.

Telephone: _____ **Fax:** _____ **E-Mail:** _____

Proposed Project Location*: _____ **Est. # of Volunteers:** _____

*Please specify both the park and the section of the park (e.g. a particular field, playground area, or grove that you wish to clean. The City may not be able to grant your choice of location due to

other pending projects, permits, or for safety reasons. If that is the case, DPW will offer suggestions for an alternative location for the same date.

Date of Project: _____ **Time of Project – From:** _____ **To:** _____

Alternate Date _____ **Time of Project – From:** _____ **To:** _____

Project Description: Weeding _____ **Litter Pick-Up** _____ **Both** _____
(Please check one of the above)

Please indicate below if you would like DPW to pick up filled litter bags:

Yes: _____ **No:** _____

If Yes, please provide DPW with a truck-accessible Pick-up Location:

Your signature below confirms that you have read and agree with the requirements of the attached Program Safety Guidelines and Participant Agreement Form and Waiver of Liability.

Applicant Name (please print)

**Applicant/Organization
Representative signature**

Please e-mail this completed application form to Marcelle.newman@pittsburghpa.gov or to:

Marcelle Newman
Department of Public Works
301 City-County Building
414 Grant Street
Pittsburgh, PA 15219

For DPW use only:

Approved: _____

Not Approved: _____

T. Marcelle Newman, Assistant Director,
Department of Public Works

Date: _____



**City of Pittsburgh
Department of Public Works
Volunteer Park Litter Clean-Up
Program Safety Guidelines**

1. I/Organization understand that the City's Departments of Public Works or Parks and Recreation personnel may be working in the park or trail at given times and may need to provide direction and/or coordination to me/us with regard to City projects.
2. Projects may only take place during daylight hours.
3. Children under the age of 18 must have parents/guardians signatures on the Participant Agreement as indicated prior to participating in the Project.
4. Adult supervision is required for anyone under the age of 18.
5. All volunteers must print name, sign, and record their phone number on the spaces provided on the Participant Agreement Form prior to any litter pick-up activity. A new form must be signed prior to each Project/event.
6. All volunteers should wear appropriate closed-toe shoes and gloves at all times while performing Project work.
7. All volunteers should be instructed on safety precautions by a team leader. Topics should include: Glove usage, identifying dangerous litter objects, and maintenance and use of a first aid kit.
8. Volunteers must be instructed to pick up litter or weeds only. Do not move, pick up or drag sofas or other large/heavy objects. Do not attempt to collect hazardous materials such as syringes or car batteries. A group leader should contact 311 to inform City representatives about the location of large or hazardous objects for the City to pick up.
9. No alcoholic beverages are permitted before or during clean-up activities. Anyone under the influence of alcohol or narcotics should not participate in volunteer Project activities.
10. Known participants/volunteers should be sent a copy of the Program Safety Guidelines and Participant Agreement and Hold Harmless and Release Form to allow time for preview. You may turn in multiple forms for one Project event.
11. Team Leaders/Contact Persons should email or fax a copy of the Participation Agreement and Waiver of Liability to Marcelle Newman at marcelle.newman@pittsburghpa.gov or (412) 255-884 by the next business day. The original should also be mailed to Marcelle at the address listed on the application.

By signing the attached Participant Agreement and Hold Harmless and Release of Liability Form, participants agree to follow these Safety Guidelines.



**City of Pittsburgh
 Department of Public Works
 Volunteer Park Litter Clean-Up
 Participant Agreement and
 Hold Harmless and Release of Liability Form (hereinafter “Release”)**

Name of Individual/Organization: _____
 Team Leader Name (if applicable): _____
 Location of Project: _____
 Date of Project: _____

For and in consideration of the City allowing me/my/our child to participate in volunteer work on City property (as listed above), I/we hereby agree to the following terms and conditions regarding my and/or my/our child’s participation:

I/we understand that because the City is a governmental entity, the state legislature has granted it broad protections from liability under the Political Subdivision Tort Claims Act (the “PSTCA”). If I or my/our child is in an accident while involved in this Project, the City may be protected from many types of liability because of the PSTCA and will rely on those defenses in any action you might bring as well as any other defenses available to it. Accordingly, I/we agree to make sure that I use caution in everything that I do and/or will advise my/our child to use caution and his/her common sense in everything that he/she does. The City will not assume responsibility for injuries to me or my/our child or to any personal equipment that I and/or my/our child use during volunteer work on the Project. I/we further acknowledge that all volunteers are expected to use their own dental/medical insurance in the event of any injuries.

I/we hereby **COVENANT NOT TO SUE AND TO HOLD HARMLESS AND RELEASE** the City of Pittsburgh, its officers, agents, or employees (hereinafter referred to as the “Releasees”) and hold the Releasees harmless from any and all liability, claims, demands, actions and causes of action whatsoever arising out of my and/or my/our child’s participation in Project activities and/or activities at the Site, including any act or omission or me/my/our child or other Project participants. **This RELEASE clause is intended to remain valid in perpetuity and shall include all possible claims of negligence that could be asserted against the Releasees by me/us.**

In the event that my/our child is participant in the Project and this Release is executed by only one parent/legal guardian and the minor has more than one parent/legal guardian, the signing parent/legal guardian avers that he/she has explained this Release in full to the other parent/legal guardian and that he/she has authorized the signing parent/legal guardian to execute this form on his/her behalf.

I/we have read and fully understand this Release and intend to be bound by it. Before witness, and intending to be legally bound, I/we set my hand and seal this _____ day of _____, ____.

SIGN ON SHEET(S) BELOW (For minors, please print the minor’s name and parent(s) guardians should sign by the printed name.) Please attach as many sheets as are needed.

Name: _____ Signature: _____ Phone: _____

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