

City of Garland  
Code Compliance

**I**llegal – **S**igns **I**n **G**arland **N**o  
A Sign Bounty Program

**VOLUNTEER ORGANIZATION APPLICATION FOR PARTICIPATION (Print in ink or type)**

Name of Non-Profit Organization: \_\_\_\_\_

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

Type of Organization (Scout, Church, School, etc.): \_\_\_\_\_

Sponsor: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Group Leader: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of Participants: Adults (18 and over): \_\_\_\_\_ Children (12-17): \_\_\_\_\_

Approval is hereby requested for the above-named organization to participate in the City of Garland's I-Sign Program. The organization understands that continuation of the program and/or their participation in the program is at the sole discretion of the City of Garland who may terminate their participation at any time, for any reason.

In making this application, I assert that I am the group leader named above and authorized to act on behalf of the group. I assert that the organization named above is a non-profit organization and if the group is permitted to participate in the program, agree to the following:

1. The organization agrees that it is responsible for the actions of the group and agrees to obey and abide by all federal, state and local laws, and to follow all guidelines and safety requirements of the Program.
2. The organization agrees to conduct group safety meetings for the purpose of educating group members as to the guidelines and safety requirements of the Program and to require all group members to attend a safety meeting conducted by the group before participation in the Program.
3. The organization agrees that the volunteers and/or the volunteers' sponsor shall assume all liability for and hold the City of Garland, their employees, officers and agents harmless from any and all claims of action resulting from the group's work in the program except for acts of gross negligence of the City of Garland, and that all group members will sign the City of Garland's volunteer release form and return the form to the Code Compliance Office Support Supervisor prior to participation in the Program .
4. The organization further agrees that no child under the age of 12 will be allowed to participate in the Program.
5. Payments will only be made to the Non-profit organization at the address provided.

Signed this Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ by group leader \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Assigned Vendor#: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Rosie Hernandez, Office Support Supervisor  
Code Compliance Division  
Garland Health Department