



# Metro - Parks & Nature Eagle & Gold Scout Project Application Packet

Congratulations on reaching this point in your scouting career and thank you for your interest in completing your Eagle/Gold Project with Metro. The Eagle/Gold Project application packet will explain the steps we've put in place to help make your project successful. A list of proposed projects is available on our website. Metro's projects are awarded on a first-come, first-served basis.

When selecting your Eagle/Gold Project at Metro, it must be no less than four months before your 18th birthday. Please note that some projects will take several months.

## IMPORTANT INFORMATION

For questions, please contact Metro Volunteer Coordinator Diego Gioseffi at [Diego.Gioseffi@oregonmetro.gov](mailto:Diego.Gioseffi@oregonmetro.gov) Phone: 503-813-7574  
Office address: 600 NE Grand Ave., Portland, OR 97232

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To ensure a successful partnership, we like to start with a list of expectations. Read each item with your parent or guardian and initial where provided to confirm that you understand and agree with each requirement. Clear communication is the key to a successful Eagle/Gold Project.	
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This form must be completed and brought to your first interview with the Volunteer Coordinator.	
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This form must be completed monthly at each of your project events by each person volunteering. Completed time-sheets will be collected at your final meeting with the Volunteer Coordinator.	
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This forms must be completed for each of your project events and signed by the parents/guardians of all minors volunteering or accompanying.	

### **An Eagle/Gold Project Is:**

- A project that benefits the community by improving Metro's parks.
- An "individual" project. Scouts do not lead together on a project, although very large projects may be broken into parts with different Scouts responsible for the individual parts.
- "Substantial": The Boy Scouts of America does not dictate a specific number of hours to be devoted to an Eagle Project, but enough time must be spent in planning and carrying out the project to demonstrate effective leadership. Metro highly suggests at least 100 hours as a reasonable commitment.
- The Scout's best effort.

### **An Eagle/Gold Project Is Not:**

- A fundraiser.
- A benefit for a business or other "for profit" organization.
- A benefit for an individual.
- Routine labor or of a commercial nature.



## Metro Parks & Nature – Eagle/Gold Project Agreement

To ensure a successful partnership, we like to start with a list of expectations. Read each item with your parent or guardian and initial where provided to confirm that you understand and agree with each requirement. Clear communication is the key to a successful Eagle/Gold Project.

- | Scout | Parent or Guardian |  |
|-------|--------------------|--|
| _____ | _____              | The Scout and his/her parent or guardian will schedule a meeting with the Volunteer Coordinator and Park Ranger to review the proposed project and required paperwork. It must be <b>no less</b> than four months before the Scout's 18th birthday.  |
| _____ | _____              | The Scout will allow sufficient time to plan, work, and finalize the project. Some projects take up to a year to complete.   |
| _____ | _____              | The Scout will have completed the applicable forms in the Eagle/Gold Project Application Packet prior to the meeting with the Metro staff.   |
| _____ | _____              | Before the project is submitted to the Eagle/Gold Review Board, the Scout will submit the <b>Eagle/Gold Application</b> including the project description and estimated project timeline to the Volunteer Coordinator for approval. Depending on the complexity of the project, this approval could take up to four weeks. |
| _____ | _____              | The Scout <b>will secure all tools and supplies</b> for completion of the project.   |
| _____ | _____              | The Scout will obtain written approval for all field work from the Park Rangers at <b>least three weeks</b> before the first field work date. All field work dates are contingent on staff availability.   |
| _____ | _____              | The Eagle/Gold Project should require a minimum of <b>100 volunteer hours</b> to complete. This includes arranging materials and tools with Metro's Park Rangers and organizing work groups and volunteers.  |
| _____ | _____              | <b>The Volunteer Coordinator must approve completion of the Eagle/Gold Project before the final project is presented to the Eagle/Gold Review Board.</b>   |
| _____ | _____              | Only the Volunteer Coordinator may sign final approval of the Eagle/Gold Project. Before requesting final sign-off, a copy of all BSA forms must be presented to him/her.  |

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# Metro Parks & Nature – Eagle/Gold Project Application

Metro

This form must be completed and brought to your first interview with the Volunteer Coordinator. Please contact us if you have any questions.

<b>Contact information</b>		
Please note: Applicant must be at least 14 to participate and no less than 4 months from 18 <sup>th</sup> birthday.		
Name:		Date:
Street Address:		
City, State, Zip:		
Home Phone:		
Cell Phone:	Work Phone:	
Email Address:		
Birth Date (MM/DD/YYYY):	Year in School:	
Parent/Guardian Names:		
Scoutmaster:	Phone:	Troop Number:
<b>Project description</b>		
Write a detailed description of your project, including why this project interests you, who you know that can mentor you through this project, and what you hope to learn. Projects are awarded based on your response.		

**Estimated project timeline (Four-month minimum)**

This is an outline of the steps you will take to complete this project. you can have several tasks in progress at the same time.

Empty box for project timeline details.

**Person to notify in case of emergency**

Name:		Relationship:	
Home Phone:	Cell Phone:	Work Phone:	

**Agreement and signature**

I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for on this application is cause for cancellation of the application and/or dismissal from volunteer service. I understand that background will be conducted, as deemed necessary. I assume all responsibility for any and all personal injury, death or economic losses that my child may sustain on Metro property and/or in connection with the volunteer services. I authorize Metro to make any necessary and appropriate investigations to verify the information contained herein. I give permission for my photo to be taken while volunteering and that photos can be published.

Name (printed):	
Signature:	Date:
Signature of Parent or Guardian, if under 18	Date:

**Return application by email or mail to**

**Diego.Gioseffi@oregonmetro.gov**  
 Diego Gioseffi - Volunteer Coordinator  
 Metro Parks & Nature  
 600 NE Grand Ave. Portland, OR 97232

**Please fill the pages 1 to 6 before you send your application. You do not need to fill pages 7-8 at this point.**



# Permission Slip for Youth Volunteer Activities

I, \_\_\_\_\_, certify that I am the parent or legal guardian of \_\_\_\_\_.  
(print name of parent/guardian) (print name of minor)

I authorize and consent for \_\_\_\_\_ to participate in the following volunteer  
(print name of minor)

activities with Metro:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I understand that Metro volunteers are not compensated for their time or expenses.

**Medical Treatment:** In the event of an accident, injury or illness involving my child, I hereby authorize Metro to take whatever action it deems appropriate and necessary, including administering first-aid treatment and seeking emergency medical treatment. I further authorize Metro to seek and obtain medical treatment for my child if unable to reach me.

**Photographic Release:** I grant and convey to Metro all right, title and interests in any and all photographs, images or video of my child made by Metro in connection with his/her participation in the volunteer activities listed above.

**Primary Emergency Contact**

**Secondary Emergency Contact**

Name \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

# Volunteer sign-in: Group



Event Name: \_\_\_\_\_ Date: \_\_\_\_\_

Group Name	Street Address		
Group Leader Name	City	State	Zip
Email Address	Phone Number		

I have read and understand the insurance and photograph information for volunteers detailed on the back of this page and have made it available to my group.

Group leader signature \_\_\_\_\_ Date \_\_\_\_\_

## Volunteer Names


### For Internal Use

Location _____	<b>Opportunity</b> <input type="checkbox"/> Facilities Maintenance <input type="checkbox"/> Service Learning	Number of volunteers _____	Page _____
Start time _____ End Time _____	<input type="checkbox"/> Group Restoration <input type="checkbox"/> Habitat Enhancement	Total volunteer hours _____	of _____

# Volunteer sign-in: Group



Event Name: \_\_\_\_\_ Date: \_\_\_\_\_

You must sign-in on an approved Metro timesheet at the beginning of the volunteer event.

**In case you accidentally injure someone or damage property:**

Report any incidents of property damage or injury to others to a Metro representative ASAP and no later than the next business day. You will be asked to complete an accident/incident report form for immediate forwarding to Metro's Risk Management division.

**In case of injury:**

If you are injured while performing your duties, you must report the injury to your staff lead ASAP and no later than the next business day.

**Personal property:**

The personal property of volunteers is not insured.

**Photography:**

Metro staff may photograph volunteers and use the images for volunteer appreciation and outreach purposes. Images may appear in presentations, displays, printed materials and on the web. Images are the property of Metro. By signing or initialing this form you acknowledge and agree to such use. If you do not wish to be photographed or to have your photograph used for these purposes, please alert Metro staff.

For Internal Use			
Location _____	<input type="checkbox"/> Facilities Maintenance <input type="checkbox"/> Service Learning	Number of volunteers _____	Page _____
Start time _____ End Time _____	<input type="checkbox"/> Group Restoration <input type="checkbox"/> Habitat Enhancement	Total volunteer hours _____	of _____