

Dear Group Leader:

We appreciate your interest in completing a community service project for the City of Ramsey.

In order to determine our ability to fulfill your request, we will require some additional information on the project that your organization would like to complete.

Please complete the enclosed Community Service Application and Participant Group List and return it at least 10 business days prior to the date you wish to begin your project. You may mail the documents to: City of Ramsey, Human Resources Office, 7550 Sunwood Drive NW, Ramsey, MN 55303.

We look forward to the possibility of having your organization complete a community service project for the City of Ramsey. If you have any questions please feel free to contact Colleen Lasher, Human Resources Technician at 763-576-4301.

Sincerely,

A handwritten signature in black ink, appearing to read "Givonna Reed Koné".

Givonna Reed Koné  
Human Resources Manager

Terms: Please note, if the project involves minor children one adult project leader per every ten children must remain on site at all times. Emergency contact information on every child must be accessible by each project leader. Lastly, the City of Ramsey accepts no liability for any event that occurs in connection with community service projects.

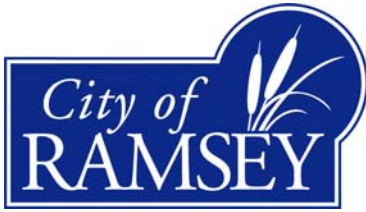
Please sign below acknowledging agreement with the terms outlined in this letter.

---

Signature

---

Date



## City of Ramsey Community Service Application

Thank you for your interest in completing a community service project for the City of Ramsey. Please complete this application and return it to the City of Ramsey's Human Resources office.

### Applicant / Sponsoring Organization's Information

Name: \_\_\_\_\_  
Contact Name/Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Are you at least 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_ (For informational purposes only.)

### Project Information

Why are you required to complete this community service project? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the type of community service project you would like to complete:

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

Number of project hours required, if applicable: \_\_\_\_\_

Project deadline date: \_\_\_\_\_

Days/hours of availability: \_\_\_\_\_

Have you completed a community service project for the City of Ramsey in the past?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe the project, on a separate sheet of paper, including the date(s) of the project.

**CONVICTION INFORMATION** Have you ever been convicted as an adult of a felony, gross misdemeanor, or misdemeanor for which a jail sentence of more than 90 days could have been imposed? YES NO

If "YES," please attach a separate sheet with an explanation.

## Insurance Information

Provide the information requested below or attach a certificate of liability insurance from your sponsoring organization.

Insured's Name: \_\_\_\_\_  
(Example: Boy Scouts of America)

Insurance Company Name and Address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_ Policy Number \_\_\_\_\_  
(Ex, liability, workers' compensation, etc.)

Policy Effective Dates: From \_\_\_\_\_ To: \_\_\_\_\_

### Individual/Group Terms:

- I am interested in performing community service for the community and I understand that I will not be considered an employee of the City of Ramsey.
- I certify that all information provided is accurate and current.
- I give the City of Ramsey permission to take photos of me while volunteering for use in publications and advertising.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
If signer is younger than 18 years old, a parent, or guardian must sign below:

Parent / guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

*To be completed by Human Resources*

Project Assigned \_\_\_\_\_

Dates: \_\_\_\_\_ to \_\_\_\_\_

Supervisor \_\_\_\_\_

The Human Resources Manager recommends: \_\_\_\_\_ Approval \_\_\_\_\_ Denial of this request to complete a community service project.

Comments:

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

## Participant Group List

<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	
<b>11</b>	
<b>12</b>	
<b>13</b>	
<b>14</b>	
<b>15</b>	
<b>16</b>	
<b>17</b>	
<b>18</b>	
<b>19</b>	
<b>20</b>	
<b>21</b>	
<b>22</b>	
<b>23</b>	
<b>24</b>	