



Clean Communities Grant Program

Litter and illegal dumping have become a problem in many communities and is not only unsightly but can be a health and environmental hazard. Through funds made available by the New Jersey Department of Environmental Protection and Cherry Hill Township, a Clean Communities program is available to help solve this problem and make Cherry Hill an even better place.

In exchange for providing volunteer work hours to cleaning a designated area, volunteer groups are eligible to receive \$250 in grant funds for their organization. All materials required to facilitate a clean-up will be provided by Cherry Hill Township. Volunteer groups are defined as Cub Scouts, Boy/Girl Scouts, church, school, civic groups and youth serving sports leagues. Work sessions must focus on litter clean-up and removal and may also include graffiti abatement.

Within each calendar year, a maximum of 15 grants will be awarded on a first-come, first-served basis. Each application should include "before" photos of the area. Each group is required to submit after photos of the area with the volunteer sign in sheet. Materials are to be left in a predetermined area for DPW to collect and dispose of properly. Trash and recycling materials shall be separated and identified.

Volunteer Organization Guidelines

1. Group agrees to provide a minimum of 5 workers.
2. Group agrees to provide one (1) adult supervisor for every ten (10) workers under the age of 17.
3. All volunteers are required to sign a Cherry Hill Township [Volunteer waiver and application](#). Volunteers under 18 years old must have this waiver form signed by a parent/guardian.
4. Each group participant is expected to work a minimum of two (2) hours.
5. All recyclable materials (bottles, cans, newspapers, cardboard, glass, tires) must be separated from debris.
6. All recyclable material becomes the property of Cherry Hill Township.
7. Bags and gloves will be provided by Cherry Hill Township. Gloves and unused bags are to be returned to Cherry Hill Township upon completion of the clean-up.
8. Pick up of litter/recyclables collected will be at designated locations as determined by Cherry Hill Township.



Clean Communities Grant Program

Name of Group: _____

Group Contact Name, Title: _____

Contact Phone: _____ Alt. Phone (cell): _____

Contact Email: _____

Approximate participants over 17 _____ Approximate participants under 17 _____

Does your group host a social media presence? If so, provide details so we can connect:

Project Location*: _____

Cleanup Date: _____ Start time: _____

*Cherry Hill Township reserves the right to determine final project location

I certify that I have read the Cherry Hill Township Clean Communities Program Guidelines and that the above group will comply with these guidelines in the performance of the agreed upon project.

Name (print)

Title

Signature

Date



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Volunteer Sign-In Sheet

(This form must be completed and submitted with all necessary volunteer waivers BEFORE the clean-up date. This same form must be resubmitted with necessary signatures following the clean-up date)

Name of Participant	Address of Participant	Initials <small>**Complete on Clean-Up Day**</small>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		



RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability (the “Release”) executed by the “Volunteer” in favor of The Township of Cherry Hill. The Volunteer desires to work as a volunteer for the Township and engage in the activities related to being a volunteer. The Volunteer understands that the activities may include the following:

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

RELEASE AND WAIVER: Volunteer does hereby release and forever discharge and hold harmless the TOWNSHIP and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer’s Activities with the township. Volunteer understands that this Release discharges Township from any liability or claim that the Volunteer may have against the Township with respect to any bodily injury, illness, death, or property damage that may result from Volunteer’s Activities with the Township, whether caused by the negligence of Township or its officers, directors, employees or agents or otherwise. Volunteer also understands that Township does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

MEDICAL TREATMENT: Volunteer does hereby release and forever discharge Township from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer’s Activities with the Township.

ASSUMPTION OF THE RISK: The Volunteer understands that the Activities included work that may be hazardous to the Volunteer.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases the Township from all liability for injury, illness, death, or property damage resulting from the Activities.

INSURANCE: The Volunteer understands that, except as otherwise agreed to by the Township in writing, the Township does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

PHOTOGRAPHIC RELEASE: Volunteer does hereby grant and convey unto the Township all right, title, and interest in any and all photographic images and video or audio recordings made by the Township during the Volunteer’s Activities with the Township, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. Volunteer also hereby releases the Township to publish any and all images and recordings taken by the Township staff and volunteers in which the Volunteer appears, to be used by the Township for marketing and public relations purposes.

OTHER: Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the law of the State of New Jersey and that this Release shall be governed by and interpreted in accordance with the laws of the State of New Jersey. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by an court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

I further state that I have carefully read the foregoing release, know its contents and sign as my own free act.

NAME: _____

PHONE: _____

EMAIL: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____

PHONE: _____

VOLUNTEER SIGNATURE: _____

DATE: _____

DATE OF BIRTH: _____

PARENT SIGNATURE IF UNDER 18 YEARS OLD: _____