



## **ADOPT-A-FLOWERBED PROGRAM DESCRIPTION**

Purpose: The Adopt-A-Flowerbed Program has been created to encourage the community to help beautify the city through its park and city-owned landscape and flowerbeds. This is a volunteer program to promote community pride and make Marion an attractive place to live and visit.

### **Volunteer Responsibilities**

Resident volunteers are essential in helping achieve the goal of maintaining the city flowerbeds. As part of this program, volunteers “adopt” a chosen flowerbed within the city limits.

To Get Started:

1. Fill out an application & submit to [mweber@cityofmarion.org](mailto:mweber@cityofmarion.org) or drop off at Thomas Park Office
2. Sign a volunteer waiver with the application
3. Park's staff will notify you of your approved/denied application
4. Accepted applications will set up a date to pick up flowers in late May
5. Plant flowers and maintain beds throughout the growing season

### **Activities volunteers will conduct during the growing season include the following:**

- Maintain weeding of beds throughout the summer once every two weeks, or as needed
- Plant annuals/perennials (provided by City)
  - *Other/additional plant material may be added & design changes may be made by volunteers, with the approval of the Horticulturist*
- Provide own tools for maintenance
- Consult city staff regarding horticultural advice and issues such as disease, insects, etc.
- Prune/pinch back dead foliage and spent flower heads
- Keep the flowerbed free of litter and debris
- Clean garden edges and spread mulch (provided by City), as needed
- Help track working hours for future grant applications for the city

### **City of Marion's Responsibilities**

The City's role in the Adopt-A-Flowerbed Program is to assist in assigning available flowerbeds to volunteer groups or individuals and to assist in selecting flowers and providing necessary supplies. We will publicly recognize each group or individual by placing an Adopt-A-Flowerbed sign near their flowerbed. A certificate of appreciation will also be presented. Specific responsibilities include the following:

- Provide/install a recognition sign in the designated flowerbed exhibiting the adopter's name
- Provide horticultural advice addressing garden related concerns
- Provide approval for any additional plant materials or design changes
- Provide annuals/perennials
- Provide mulch for flowerbeds



- Prune/maintain trees & shrubs in beds (when applicable)
- Provide gloves & yard waste bags upon request
- Remove bagged litter or debris upon request

Every season we will have a friendly award contest with those that would like to participate. The following awards will be given: Best Maintained, Most Improved, & Best In Show.

List of Adoptable Flowerbeds*		
Location	Description	Bed Size
6th Avenue	Ground beds	Medium
Library	Raised beds (2) *except tall bed*	Small
Library	Ground beds	Large
City Hall	Bioswale bed	Medium
Hanna Park	Sign bed	Large
Starry Park Complex	Sign bed	Small
Starry Park Complex	Ground beds	Medium
Ascension Park	Sign bed	Small
Peg Pierce Park Complex	Sign bed	Small
Donnelly Park	Sign bed (near playground)	Small
Willow Park	Raised bed	Medium
Lininger Park	Sign bed (near road)	Small
Fire Station #1	Sign bed	Small
Fire Station #1	Ground beds	X-Large
Gill Park	Entry beds	X-Large
Gill Park	Gazebo beds	Large
Lowe Park – Arts Center	Flagpole bed	Small
Lowe Park – Arts Center	Discovery Garden beds	X-Large
Lowe Park - Amphitheater	Ground beds	Small-Medium
Lowe Park – Playground (West Side)	Ground beds	Large
Lowe Park - Whispering Dishes	Ground beds	Small
Lowe Park – Ball Complex	Flagpole beds	Medium
Taube Park	Sign bed	Medium
Butterfield Park	Sign bed	Small
Butterfield Park	Gazebo beds	Medium
Willowood Pool	Entry sign bed	Medium
Willowood Pool	Flagpole bed	Medium
Willowood Pool	Ground beds (near pool bldg.) (3)	Small-Medium
Willowood Pool	Dumpster enclosure bed	Small
Grant Wood Trail (near 31st St)	Ground beds	Medium

*\*Note: Some beds have returning Adopters & may not be available each year.*



## VOLUNTEER GUIDELINES

Thank you so much for your interest in helping to beautify your city! You are making a huge impact and helping your city Reach Higher! Thank you!!! Before you get started volunteering, we have a few things you should know:

1. Have Fun! Volunteering is a great way to meet new people and have a new experience, this shouldn't feel like work.
2. All volunteers, whether you are a group, parent, child, or business, need to sign a volunteer waiver. We have an individual waiver or a group waiver to meet your needs.
3. Stay Safe! When volunteering please be safe. This means:
  - a. Know your own physical limits and don't push yourself so hard you hurt yourself.
  - b. Practice safe lifting (Remember - bend at the knees, not the back).
  - c. Do NOT touch or pick up anything dangerous. This includes, but is not limited to, weapons, needles, sharp and/or heavy objects, etc. We ask that if you do come across something like this you notify a City Employee or the proper authorities (when involving a weapon).
  - d. Do NOT engage with anyone or wildlife you feel might be dangerous.
4. Volunteers are not permitted to volunteer if they are under the influence of drugs, alcohol or any such substance that would impair their judgement or ability to volunteer.
5. Volunteers are NOT permitted to volunteer if they are registered sex offenders, been convicted of a crime involving theft, and/or violent crimes to animals or people.
6. Be courteous and friendly to other volunteers and park users. You represent your city, make it shine. If you do have an issue with someone, please walk away and either notify the volunteer coordinator or the proper authorities if needed.
7. Come Prepared! You are responsible for bringing the items you may need to have a successful volunteer experience. We recommend:
  - a. Layered clothing
  - b. Sunscreen
  - c. Water
  - d. Snacks
  - e. Gloves
  - f. Hat
8. Make it count twice! We request all volunteers keep track and report their time volunteering to the volunteer coordinator. We can use these hours to help with acquiring grants for bigger projects in the parks. So, you are giving back twice when you keep track and report!
9. Minors: Anyone under the age of 14 will need to have a parent, guardian, or assigned leader present.
10. Document & Share! Please take pictures and email to [mweber@cityofmarion.org](mailto:mweber@cityofmarion.org). We love to share your good work and let our city know how you are making a difference!



## ADOPT-A-FLOWER BED APPLICATION - 2025

### CONTACT INFORMATION

CONTACT NAME (first, last): \_\_\_\_\_ DATE: \_\_\_\_\_

GROUP? ☐ Yes ☐ No Yes, Group Name: \_\_\_\_\_

Number of Volunteers in Group: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CONTACT PREFERENCE: ☐ Call ☐ Text

EMAIL: \_\_\_\_\_

NAME ON FLOWERBED SIGN: \_\_\_\_\_

### BACKGROUND INFORMATION

Have you previously adopted a flower bed? ☐ Yes ☐ No If Yes, how long? \_\_\_\_\_

Do you have experience gardening? ☐ Yes ☐ No

Are you available all summer to maintain the flower bed? ☐ Yes ☐ No

Dates Unavailable: \_\_\_\_\_

Would you like to participate in our OPTIONAL flower bed contest? ☐ Yes ☐ No

Preferred Flowerbed Location? ☐ Yes ☐ No

If Yes, Location: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

Adopter agrees to follow all instructions of the designated volunteer project coordinator. Adopter agrees to maintain flower bed throughout the summer by planting, weeding, and deadheading the flowers at least once a week or as needed. If for any reason adopter cannot keep commitment to maintaining flowerbed, they will notify the Park's Department immediately before flowerbed is covered in weeds and plants are dying. The City of Marion does reserve the right to take over maintenance of the flowerbed at any time.

SIGN: \_\_\_\_\_

DATE: \_\_\_\_\_



## VOLUNTEER COVERAGE APPLICATION

*Coverage Valid for year it was signed*

***This application is to be completed by the department supervisor, with signatures from the volunteer before beginning work. If the volunteer is under age 18, the signature of a parent/guardian is also required in addition to the signature of the volunteer. Please retain a copy for your records and for audit reporting purposes. NOTE: This application is good for one calendar year. A new application must be completed each year for coverage to be in effect.***

**Department:** Parks & Recreation

**Volunteer Position/Title:** Adopt-A-Flowerbed Volunteer

**Volunteer Name (Required):** \_\_\_\_\_

**Today's Date (Required):** \_\_\_\_\_

*Please use formatting of mm/dd/yyyy*

**Supervisor should review the following with each volunteer:**

**Please check that all have been complete:**

*Please use the "Other" section to add additional comments and notes.*

- ☐ Safety rules and enforcement procedure
- ☐ Proper use of tools and equipment
- ☐ Proper work shoes and other personal protective equipment
- ☐ Special hazards of assignment/Department emergency procedures
- ☐ Other

If Other, please explain:

I certify that I have reviewed all the above safety policies and procedures with the department supervisor and acknowledge receipt of a copy of this application.

**Volunteer Signature** \_\_\_\_\_  
**(Required)**

**Parent Signature** \_\_\_\_\_  
**(Required For Volunteers Under 18)**



## RELEASE AND WAIVER OF LIABILITY

**The undersigned acknowledges and agrees as follows:**

**A.** The undersigned has offered to provide certain work or services to the Member and the status of the undersigned while performing such work or services is that of a non-statutory volunteer (hereinafter "volunteer").

**B.** The volunteer is not considered an employee of the Member and is not entitled to any benefits under the Iowa Workers' Compensation Law for injury incurred while providing work or services regardless of the cause of the injury.

**C.** The Member has purchased a limited amount of excess insurance to cover any medical expenses incurred by the volunteer as a result of injury incurred while the volunteer is providing such work or services, and the payment of these medical expenses is to be made in accordance with the terms of said policy.

**D.** The volunteer specifically waives the right to any other benefits, reimbursements or damages as a result of injuries which the volunteer may incur while providing such work or services.

**E.** The volunteer specifically releases, waives and covenants not to sue the Member and/or IMWCA for injury or death caused by the negligence of other volunteers or of officers, agent representatives, or employees of the Member which may occur while the volunteer is performing such work or services for the Member.

I agree that by participating in a City of Marion program or holding an event at any City of Marion facility, I will accept all responsibility and agree to hold harmless the City of Marion from any damages which may occur due to exposure to COVID-19 or any other infectious diseases as a result of my participation or event. I will comply with all current CDC guidelines relating to COVID-19, including but not limited to any restrictions relating to gatherings, group size restrictions, and social distancing protocols. This includes following program safety protocols or limiting the number of people at my event to ensure and encourage 6-feet of separation between people who are not from the same household. I further agree I will not participate in said program or hold said event if I, or anyone in my household, test positive for COVID-19, have a fever, cough, difficulty breathing, chills, body aches, sore throat, new loss of taste or smell, or have been exposed to anyone with the above symptoms within the 14 days leading up to the event.

The undersigned has read and voluntarily signs the release and waiver of liability and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

**Volunteer Signature**

**(Required)**

**Parent Signature**

**(Required For Volunteers Under 18)**

**Date (Required):**

*Please use the formatting mm/dd/yyyy.*

**For Office Use Only**

**Department Supervisor's**

**Signature:**