

Congratulations on reaching this point in your scouting career and thank you for your interest in completing your Eagle Project with the City of West Linn. We've worked with many Life Scout's over the years and we look forward to working with you as well. This Eagle Project application packet will explain the steps we've put in place to help make your project successful.

Your Eagle Scout contact at the City of West Linn is Mike Perkins, Park Development Coordinator/City Arborist. Mike can be reached at 503-557-4700 or mperkins@westlinnoregon.gov Keep Mike's information handy. He is the person who will be approving your initial application, advising you along the way and steering you to the acceptance of you final product.

When selecting your Eagle Project at the City of West Linn, it must be no less than four months before your 18th birthday.

A list of propose projects at the City of West Linn is available upon request by contacting Mike Perkins. We also welcome your ideas. The city's projects are awarded on a first-come first-serve basis.

Page two (The Eagle project Agreement) provides a list of expectations and requirements for your eagle Project. Each item on the list is to be reviewed by you, along with your parent or guardian, and initialed in the space provided, indicating your understanding and agreement with each issue. Should you have or concerns, feel free to contact Mike Perkins.

Page three (Eagle Project Application) must be completed before and brought to your first interview with Mike Perkins. Again, should you have any questions or concerns, feel free to contact him.

Page four (Volunteer Timesheet) must be completed at each of your project events by each person volunteering. Completed timesheets will be collected at your final meeting with Project Coordinator.

Mike Perkins

Park Development Coordinator/City Arborist

Mailing Address:
City of West Linn, 22500 Salamo Road #1100

West Linn, Oregon 97068

mperkins@westlinnoregon.gov

503-557-4700 FAX 503-656-4106



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 Project.

	Parent or	
Scout	Guardian	
	Scout and his parent/guardian will schedule a meeting with project coordinator to	review the
propose	ed/desired project and required paperwork. It must be no less than 4 months before the Sco	ut's 18 th
birthda	/.	
	The Scout will be responsible for contacting project coordinator, in writing or via a on the project, including every meeting with City of West Linn employees. The report will in	
•	e, and results of the meeting.	cidde the date
 take up	The Scout will allow sufficient time to plan, work, and finalize the project. Some p to a year to complete.	rojects could
	The Scout will have completed the applicable forms for Eagle Project prior to the	second
meetin	s with project coordinator.	
 proposa	Before the project is submitted to the Eagle Review Board. The Scout will submit all to project coordinator for approval.	a written work
—— with pro	The Scout will secure all tools and supplies for completion of the project. Coordinator.	ate any needs
 conting	All field work shall be coordinated with your project coordinator. All field work doesn't upon staff availability.	ates are
—— the pro	The Eagle Project should require a minimum of 100 volunteer hours to complete. curing of all materials and tools and organizing work groups and volunteers.	This includes
is prese	Your project coordinator must approve completion of the Eagle Project before the nted to the Eagle Review Board.	e final project
	Your project coordinator is the only one who can sign final approval of the eagle	Scout Project.
Name	printed):	
Signatu	re:Date:	
Signatı	ire of	
_	or Guardian: Date:	



Contact Information Please Note: Applicant must be at leas	st 14 to participate a	and no less than 4 months bei	ore turning 18
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:	·		
Scoutmaster:		Phone:	Troop Number:
Project Desires/description			
Project Dates (Three to four month mi	inimum planning tin	ne)	
Person to Notify in case of emergency			
Name:		Relationship:	
Home Phone:	Cell Phone:	Work Phor	ne:
		·	
Agreement and Signature			
I hereby certify that this application contain			
complete to the best of my knowledge and			
form application is cause for cancellation of			
background or security checks may be cond necessary and appropriate investigations to			
while volunteering and that photos can be		r contained herein, i give periiliss	ion for my photo to be taken
Name (printed):	F		
Signature:			Date:
Signature of Parent of Guardian, if und	er 18:		Date:
			,

Return Application to

Mike Perkins, Park Development Coordinator City of West Linn, 22500 Salamo Rd., West Linn, 97068 503-557-4700 mperkins@westlinnoregon.gov FAX 503-656-4106



WEST LINN – EAGLE PROJECT VOLUNTEER TIMESHEET

the physical capacity reasonably necessary to engage in this project. I hereby waive all claims that I might have against the City of West Linn, its officers, agents, employees, co-I hereby acknowledge that while participating in this volunteer event, there is a risk of accident which could cause bodily harm to me. I further acknowledge that I have sponsoring organizations, or individuals for bodily injuries that I might suffer arising from participation. In case of emergency, accident, or illness, I give my permission to be treated by a medical professional and admitted to a hospital, if necessary. I agree to be the party responsible for all medical expenses incurred on my behalf. I agree that photographs may be taken of me and give my permission for those photos to be used by the sponsoring agencies in any materials or publications, printed or electronic.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ, UNDERSTAND, AND ACCEPT THE ABOVE RELEASE.

1						
Date:	Project:		Location:			
SIGN & PRINT NAME	PHONE	EMERGENCY CONTACT & PHONE NNUMBER	NUMBER	TIME IN	TIME OUT	TOTAL
SIGN:						
PRINT:						
SIGN:						
PRINT:						
SIGN:						
PRINT:						
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