



VILLAGE OF DOBBS FERRY

Department of Public Works

112 Main Street, Dobbs Ferry, NY 10522

Phone (914) 231-8507 • Fax (914) 693-3470

jdorman@dobbsferry.com • www.dobbsferry.com

APPLICATION FOR THE ADOPT AN ISLAND/PARK PROGRAM *Sponsor Option Application Form*

| TO BE COMPLETED BY SPONSOR | | | |
|--|-------|--|------------------------------|
| YOUR NAME (FIRST M. LAST) | | | TELEPHONE MOBILE |
| ORGANIZATION / COMPANY / BUSINESS NAME | | | TELEPHONE WORK |
| ORGANIZATION / COMPANY / BUSINESS ADDRESS | | SUITE / APT. | SECONDARY CONTACT TELEPHONE# |
| CITY | STATE | ZIP CODE | FAX |
| E-MAIL | | | |
| # 1 WHAT IS THE NAME OF THE AREA YOU WISH TO SPONSOR? (PLEASE REVIEW THE LISTING OF AVAILABLE ISLANDS AND AMOUNT OF DONATION FOR EACH ONE) | | | |
| #2 WHAT NAME WOULD YOU LIKE TO APPEAR ON THE ADOPT-AN-ISLAND/ADOPT-A-PARK SIGN? | | | |
| "Donated by: _____" | | | " |
| "In honor of: _____" | | | " |
| #3 SPONSOR AGREEMENT AND DONATION MUST ACCOMPANY THIS APPLICATION (DONATION CHECKS PAYABLE TO THE VILLAGE OF DOBBS FERRY): | | | |
| <input type="checkbox"/> Agreement Form Attached | | <input type="checkbox"/> Donation Attached | |
| Submit to: | | | |
| Village of Dobbs Ferry 112 Main Street Dobbs Ferry, NY 10522 RE: Adopt-An-Island/Adopt-A-Park | | | |
| SIGNATURE OF APPLICANT | | | DATE OF APPLICATION |



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APPLICATION FOR THE ADOPT-AN-ISLAND/ADOPT-A-PARK PROGRAM *Volunteer Option Application Form*

| TO BE COMPLETED BY VOLUNTEER | | | |
|--|--|--|------------------------------|
| YOUR NAME (FIRST M. LAST) | | | TELEPHONE MOBILE |
| ORGANIZATION / COMPANY / BUSINESS NAME | | | TELEPHONE HOME |
| ORGANIZATION / COMPANY / BUSINESS ADDRESS | | SUITE / APT. | TELEPHONE WORK |
| CITY | STATE | ZIP CODE | FAX |
| E-MAIL | | | |
| # 1 WHAT IS THE NAME OF THE AREA YOU WISH TO SPONSOR? (PLEASE REVIEW THE LISTING OF AVAILABLE AREAS) | | | |
| #2 WHAT ENHANCEMENTS/PLANTINGS DO YOU PROPOSE TO MAKE TO THIS AREA? (IF MORE SPACE IS NEEDED THAN PROVIDED BELOW YOU MAY ATTACH A SEPARATE PAGE) A SKETCH PLAN SHOULD ALSO BE PROVIDED. | | | |
| #3 WILL THE WORK BE DONE BY YOU OR CONTRACTED OUT TO A PRIVATE LANDSCAPING COMPANY? | | | |
| <input type="checkbox"/> By Me <input type="checkbox"/> By A Private Landscaping Company (If Landscaping Company See #4 Below) | | | |
| #4 IF CONTRACTED OUT, PLEASE PROVIDE CONTACT INFORMATION ABOUT THE LANDSCAPING COMPANY AND ATTACH A COPY OF THEIR CERTIFICATE OF LIABILITY INSURANCE. | | | |
| THE FOLLOWING MUST BE STATED ON THE CERTIFICATE: | | | |
| "THE VILLAGE OF Dobbs Ferry AS CERTIFICATE HOLDER AND ADDITIONAL INSURED ALONG WITH THE EMPLOYEES AND/OR VOLUNTEERS AS AN ADDITIONAL INSURED ON A PRIMARY NON-CONTRIBUTORY BASIS AND WAIVER OF SUBROGATION APPLIES." | | | |
| THE CERTIFICATE HOLDER WORDING SHOULD BE MADE OUT TO: | | | |
| Village of Dobbs Ferry 112 Main Street Dobbs Ferry, NY 10522 | | | |
| ORGANIZATION / COMPANY / BUSINESS NAME | | REPRESENTATIVE NAME (FIRST M. LAST) | |
| ADDRESS | | SUITE / APT. | TELEPHONE WORK |
| CITY | STATE | ZIP CODE | SECONDARY CONTACT TELEPHONE# |
| E-MAIL | | | FAX |
| #5 WHAT NAME WOULD YOU LIKE TO APPEAR ON THE ADOPT-AN-ISLAND/ADOPT-A-PARK SIGN? | | | |
| #6 VOLUNTEER RELEASE / WAIVER OF LIABILITY AND INDEMNITY AND AGREEMENT MUST ACCOMPANY THIS APPLICATION: | | | |
| <input type="checkbox"/> Volunteer Release Form Attached <input type="checkbox"/> Agreement Form Attached | | | |
| Submit to: | Village of Dobbs Ferry 112 Main Street Dobbs Ferry, NY 10522 RE: Adopt-An-Island/Adopt-A-Park | | |
| SIGNATURE OF APPLICANT | | | DATE OF APPLICATION |
| Office Use Only | | | |
| <input type="checkbox"/> Approved by Department of Public Works | | <input type="checkbox"/> Approved by Police Department | |