



MEMORIAL ROSE GARDEN Adopt-A-Bed Program

Date

Organization

Primary Contact Name:

Address

Phone

Email

The Missoula Rose Society and Missoula Parks and Recreation would like to thank you for adopting a rose bed or beds in the Memorial Rose Garden for 2019.

The garden was established in 1946 as a memorial to Missoula-area casualties of World War II. Since then, other memorials have been added over time. The garden has become a place of reflection for family and friends who have lost their loved ones and is a constant source of beauty for the community. With your help, we will continue to provide the roses with the necessary care to keep them strong and healthy.

The Rose Garden has been divided into 5 color zones. (Please see color zone map included.) Your organization has been assigned Color Zone _____.

You will be provided with the training and tools necessary to take on the tasks needed for the roses. Please see the Adopt-A-Bed task list is on the following page. There are certain dates listed below that we believe are important for the Memorial Rose Garden to look its best, and we would ask that your group focus on those dates in particular.

Please contact Parks and Recreation Volunteer Coordinator Tyler Decker at 552-6271 or deckert@ci.missoula.mt.us to set up a brief introductory training for your group. Please note: Each member of your group must sign the Volunteer Waiver form, which is included below. Please let Tyler know if you need additional copies.

Again, thank you for your commitment to making Missoula a better place to live, work and play!

Missoula Rose Society
Annalee Fausett (President)
274-7850
afausett@mac.com



MEMORIAL ROSE GARDEN Adopt-A-Bed Program

Adopt-A-Bed Important Dates 2019

Please keep these dates in mind for your organization to focus on making sure the rose beds look their best.

Mother's Day	May 12	Independence Day	July 4
Memorial Day	May 27	Western Montana Fair	August 7-11
Flag Day	June 14	Labor Day	September 2
Missoula Rose Show	June 29	Fall Volunteer Work Day	TBD, October

Primary Tasks		Tools Needed
Pruning	Cutting dead wood (branches)	Gloves, pruners, loppers, wheelbarrows, bags for clippings
Weeding	Digging out weeds from beds	Gloves, shovels, weeding tools, wheelbarrows, bags for clippings
Deadheading	Remove spent blooms (mid-summer to fall)	Gloves, pruners, wheelbarrows, bags for clippings

Missoula Parks and Recreation provides tools and supplies

Please contact Parks and Recreation Volunteer Coordinator Tyler Decker at 552-6271

or deckert@ci.missoula.mt.us to set up a brief introductory training for your group.

Thank you!



Memorial Rose Garden Adopt-A-Bed Volunteer Waiver

Name _____ Date of Birth _____

Address _____

Email _____ Phone: _____

Program I am volunteering for: _____

In consideration of mutual benefit to the parties received by allowing volunteers to work in certain areas of the City as a volunteer for the City I hereby agree to release, indemnify and hold harmless the City of Missoula from any and all claims of any kind including but not limited to all damage, loss, injury to person or property, or death to any person that results from or is caused by my involvement in volunteer work for the City of Missoula. This includes anytime I spending riding in or being around a City of Missoula vehicle and use of any tools or equipment supplied by the City of Missoula.

By entering into this agreement, I understand that I will not be covered by Workers' Compensation, or any other insurance should I become injured while performing volunteer work for the City of Missoula and that I will hold the City of Missoula Harmless for any such injury or damage and that pursuant to this liability waiver, I acknowledge that I have agreed to hold the City of Missoula harmless for any such injury or damage.

I understand that my volunteering does not establish an employee-employer relationship for wage or any other compensation.

I hereby state that I have read and voluntarily signed this volunteer service agreement and understand that I am indemnifying and holding harmless the City of Missoula for my actions as a volunteer. I hereby authorize the City of Missoula to use my likeness or picture, or that of my child, in any photo/video and social media for advertising or promotion for the City of Missoula Parks and Recreation programs.

I understand that as a volunteer for the City of Missoula I am not required to use any of my personal tools. If I choose to utilize my personal tools, I understand that I am responsible for any injury or death arising out of their use. Furthermore, if I choose to utilize personal tools I am representing to the City of Missoula that I am trained, knowledgeable, and skilled in respect to the operation of my personal equipment.

PERMISSION TO RECIEVE FIRST AID AND TO SECURE MEDICAL HELP

I am sufficiently fit to participate in this program. I agree to notify the program facilitator(s) of any changes to my health and fitness, which may occur before or during the program. Should I become ill or injured, I give permission for the program facilitator(s) to render first aid and to seek emergency medical or rescue services, as they see fit at my cost.

Signature _____ Date _____

Parent/Legal
Guardian's _____ Date _____

If volunteer is under 18 years of age

Purple Hearts Arbor
MOUNT

Disabled Veterans Arbor
BLAINE

Palmer Johnson Arbor

