Wheatland-Chili Central School District

Eagle Scout Project Application

Please complete all items below and on the following page.

PERSONAL INFORMATION	DATE OF APPLICATION:
Name:	
Address:	
Phone Number:	Email Address:
Troop Name:	
Scoutmaster Name, Phone Number, and	Email Address:
PROJECT DETAILS	
Proposed Start Date:	Proposed End Date:
What is the project that you are planning	?
How will the District benefit from your p	project?

On a separate piece of paper, please attach a description of your project. Be sure to provide information including: the current condition of project area; project planning details; anticipated start and end dates; any safety hazards that might be encountered, how you will ensure each participant's safety, and any other information you wish to include. Please also provide the Boy Scouts of America's certificate of insurance covering the Eagle Scout and any volunteers participating in the proposed Eagle Scout project.

By signing below, I agree and understand that my Eagle Scout Project proposal will be of significant value to this District and community. I agree to personally arrange a meeting between myself and the designated District representative to discuss my project proposal, planning details and to obtain approval from the appropriate sources. I also understand that I must provide proposed start and end dates along with my planning procedures. If these plans or dates change, I understand that I will contact the designated District representative. Any major changes in the planning or project procedure must be submitted in writing.

Applicant Signature	Date
WAIVER OF LIABILITY AND RELEASE OF CL	AIMS
I, (name of Eagle Scout's Parent or Guardian)	, on behalf of
(name of Eagle Scout)	, hereby agree to waive any and all
claims for personal injury, property damage and/or an	y other claims arising out of or related to
the proposed Eagle Scout project against the Wheatlan	d-Chili Central School District and any of
its agents and employees and to assume full res	ponsibility for (name of Eagle Scout)
's voluntary participation	n in the Eagle Scout Project and hereby
release the Wheatland-Chili Central School District a	nd any of its agents and employees from
any claims, damages, liabilities, injuries or causes of a	action arising out of or related to (name of
Eagle Scout)''s or any oth	er volunteer's participation in this project.
I further agree to provide to the District prior to the	start of the Eagle Scout project the Boy
Scouts of America's certificate of insurance covering the	ne Eagle Scout and any volunteers.
Parent or Guardian Signature	 Date

Please send the completed form via regular mail and email to the District representative listed below. Your Eagle Scout Project application will be reviewed by one or more District employees and, upon approval, you will be notified.

Deborah Leh, Superintendent of Schools Wheatland-Chili Central School District 13 Beckwith Avenue Scottsville, NY 14546

Phone: (585) 889-6246 Fax: (585) 889-6284

Email: deborah_leh@wheatland.k12.ny.us