



KEEP COBB BEAUTIFUL, INC.

1792 County Services Parkway
Marietta, Georgia 30008

Phone: (770) 528-1135 • Fax: (770) 528-2504 • E-Mail: keepcobbbeautiful@cobbcounty.org • www.keepcobbbeautiful.org

Adopt-A-Mile Application Steps

1. Submit your application form(s) completed with all of the information requested; including your organization/group leader's information and the desired road to adopt.
2. Indicate the street(s) your organization is interested in adopting. Be sure to specify the location(s) by referencing nearby intersecting streets and/or other noteworthy landmarks. Please note that requested roads are subject to adoption availability.
3. Complete your safety training with Keep Cobb Beautiful (KCB) staff/agent. The training form **must** be signed by your group leader(s). During safety training your cleanup supplies and safety vests will be issued.
4. Be sure to review the Release of Liability/Parental Consent form(s) and include the appropriate name(s) and signature(s) for each participating volunteer.
5. The Adopt-A-Mile sign work order form must be clearly **printed**. Sponsor name(s) cannot exceed 36 characters. Signs may be "In Memory Of" or "In Honor Of" a group or individual. Terms of endearment, personal information, and religious/political statement or endorsements are not allowed on the sponsor sign.
6. The following forms **must** be completed and submitted, before the first quarterly cleanup, for your volunteer group to be considered an active participant:
 - a. Application
 - b. Release of Liability/Parental Consent
 - c. Safety Training
 - d. Work Order (Sign Installation)
7. Submit your bag collection form as soon as possible after each cleanup; preferably within 48 hours. Forms may be **faxed to (770) 528-2504** or sent via **e-mail to keepcobbbeautiful@cobbcounty.org**.
8. Contact KCB staff/agent for additional information or if you need supplies such as bags, safety vests, or litters grabbers.



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STATEMENT OF UNDERSTANDING

The Organization/Individual agrees that it shall do the following:

1. Designate an "Adopt-A-Mile" Organization Leader and Co-Leader, who are eighteen years of age or older and provide Keep Cobb Beautiful with the person's names, addresses and phone numbers.
2. The Organization Leader(s) shall provide each participant with a Release of Liability/ Parental Consent form. The Organization Leader(s) shall require that every participant in the clean up of the adopted area complete and sign these appropriate forms. Parents or guardians of participants 17 years of age or younger (13 years of age is the youngest) must sign the Parental Consent /Release of Liability form. The Organization Leader(s) will ensure that no one works without the appropriately signed forms.
3. The Organization Leader(s) are required to complete a mandatory Safety Training Session provided by the Keep Cobb Beautiful Coordinator. The KCB Staff will contact the Group Leader to schedule the training date. The session would be approximately 30 to 45 minutes.
4. The Organization Leader(s) shall hold a documented safety meeting with all participants prior to every clean up which will include information learned at the Safety Training Session. The Organization, through the Leader(s), ensures that it understands and has made each participant aware of the hazardous nature of the work to be performed.
5. The Organization shall plan four general clean ups, one a quarter, within a twelve month period. Also, agree to check your mile on a regular basis and conduct additional cleanups if necessary.
6. The Organization Leader(s) shall require anyone present in the adopted area to wear appropriate safety vests and, signs may be borrowed from the KCB office subject to availability "VOLUNTEERS AT WORK" are in place.
7. The Organization assumes all responsibility and liability for, and shall defend and hold the County of Cobb, Keep Cobb Beautiful, its officers and employees harmless from any actions at law or claims of any character brought for injuries, including death, or damages sustained by any person or property arising from any act or omission of the Organization or anyone associated with it in performing or failing to perform pursuant to this Agreement.
8. The Organization shall require all participants to be at least 13 year of age, and shall have those participants 17 years of age or younger supervised by one or more adults.

I have read and fully understand this Agreement and indicate it by initialing and signing below.

Organization/Individual Name

Signature

Date



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COBB COUNTY ADOPT-A-MILE PROGRAM APPLICATION FOR ADOPTION

DATE OF APPLICATION: _____ NUMBER OF PARTICIPANTS: _____

ORGANIZATION: _____

LEADER: _____

(First)

(Last)

CO-LEADER: _____

(First)

(Last)

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: Home _____ Cell _____

FAX: _____ email: _____

STREET LOCATION: _____

Please indicate the street your Organization is interested in adopting.

MILE(S): _____

Please identify the mile(s) using the intersection of streets or other noteworthy identification or landmark. Ex: Start at _____, End at _____

ALTERNATE STREET: _____

Please indicate an alternate street your Organization may be interested in adopting.

E-Mail or Fax the completed application to:

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WORK ORDER FOR ADOPT-A-MILE SIGN INSTALLATION

NAME OF SPONSOR: _____

NAME OF ROAD: _____

SECTION OF ROAD: _____

From _____ To: _____

COMPLETION DATE OF FIRST CLEAN-UP: _____

KCB STAFF SIGNATURE _____

SIGNATURE: _____

Because of limited spacing, PLEASE **PRINT** your Group's name, Individual, or Family in the box on the line below as you would like it to appear on the sign. Do not exceed 36 characters. Abbreviate if necessary and allow one space after each word. **Allow 90 days for installation.**



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ADOPT-A-MILE PROGRAM SAFETY TRAINING COMPLETION FORM

NAME OF ORGANIZATION _____

SAFETY TRAINING DATE _____

The Group Leader/Co-Group Leader has completed the Keep Cobb Beautiful Operations Safety Training and agrees to train all participants of the organization prior to each cleanup.

Authorized Signature from Organization

Date:

Authorized Signature from Organization

Date:

Authorized Signature from KCB

Date:



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ADOPT-A-MILE BAG COLLECTION FORM

DATE _____

CONTACT _____

GROUP _____

NAME OF ROAD WHERE BAGS WERE LEFT (Be specific)

No. of BAGS _____

No. of VOLUNTEERS _____ HOURS WORKED _____

FAX REPORT TO (770) 528-2504 OR

E-MAIL TO: KeepCobbBeautiful@cobbcounty.org





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COBB COUNTY ADOPT-A-MILE SAFETY TIPS AND REMINDERS

1. Before you start

Conduct a safety training session before the clean up.

2. Get ready

Meet at a convenient place.

Consent to work/have copy of signed releases.

Remind your group members of the safety tips.

Put on your safety vests.

Check to make sure members have gloves, wear bright colors, long sleeve shirts and long pants, high top shoes/boots and socks.

Double-check your supplies – trash bags and signs.

3. Let's go!

Carpool to your site. The less cars on the side of the road, the better.

Park your vehicle off the right of way, where it will not effect the flow of traffic. A better location would be the parking lot close to your start point.

Install your "Cobb Volunteers At Work" signs.

4. Clean-up instructions

Clean from the edge of the pavement to the end of road right of way. This would be either to utility box or telephone pole, or the back side of the ditch.

Fill the garbage bag two-thirds (2/3) fill of litter.

Tie the bag and place it four (4) feet from the edge of the road.

Appoint a "recycler" to pick up and bag aluminum cans.

5. Take your first aid kit

6. Special cautions

Watch for stinging insects, fire ants and snakes.

Beware of broken glass, hidden holes, and poison ivy.

Don't touch suspicious items (e.g. needles).

When in doubt *leave it alone*.

7. Stop! Stop! Stop!

During bad weather

Peak traffic hours

After dark

In construction areas

Bridges or overpasses

High grass or steep slopes

8. IN CASE OF EMERGENCY CALL 911.

9. Work in groups of 3 to 4 people. Watch out for each other.



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COBB COUNTY ADOPT-A-MILE INCIDENT REPORT

1) **Date:** _____ **Time:** _____

2) **Organization Involved:** _____

3) **Location:** _____

4) **Persons Involved:**

(Name) (Phone)

(Name) (Phone)

(Name) (Phone)

5) **Witnesses:**

(Name) (Phone)

(Name) (Phone)

6) **Description of Incident, Resolution:**

7) **Organization Leader:**

Please complete and return to:

Email the completed application to:

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