



Piqua Cares Community Trailer Application Form

Designated Project Coordinator _____

Phone (Daytime) _____ (Evening) _____ (Cell) _____

Coordinator Address _____

E-Mail Address _____

Driver's License Number or State ID Card (attach copy) _____

Neighborhood/Project Name _____

Volunteer Organization Name (if applicable) _____

Trailer Drop Off (date/time) _____ Pick Up (date/time) _____

If multiple dates, list here: _____

Trailer can be dropped off or picked up Monday-Friday, 8:30 am - 2:00 pm.

Cleanup Project Description (include cleanup date):

Location and Boundaries of Cleanup Project:

Parking Location of the Trailer:

Number of households or volunteers involved: _____

Participant List Form and Project Coordinator Waiver must be sent in with this application.

I, as the designated Project Coordinator (PC) agree to the following:

- I will work with Piqua Health Department (PHD) and any local authority to determine a proper parking location for the trailer and will meet with a PHD staff member at that location when the trailer is delivered and picked up.

- I will ensure all participants using the equipment from the trailer are at least 18 years old and have completed all Waivers.
- I will confirm the equipment inventory prior to receipt of the trailer and upon return of the trailer with the PHD staff.
- I will distribute supplies to participants and ensure all equipment is operated safely. I will retrieve the supplies once participants have completed the project.
- I will properly secure the trailer and its contents.
- I will replace any item missing or not returned in the condition they were received (normal wear and tear excluded).
- I will ensure the trailer is free of trash and debris upon return.
- I will complete and submit the Cleanup Summary Report to the PHD.

Signature

Date

Submit completed form to: Piqua Health Department, 201 W. Water St., Piqua, Ohio, 45356 or via email to mkinney@piquaoh.org.