



# TOWN OF PARMA

1300 Hilton-Parma Road  
P.O. Box 728  
Hilton, New York 14468  
(585) 392-9461  
Fax (585) 392-6659

JAMES SMITH  
*Supervisor*  
GARY COMARDO  
*Councilperson*  
JAMES ROOSE  
*Councilperson*  
TINA BROWN  
*Councilperson*  
KYLE MULLEN  
*Councilperson*

TOWN BOARD MEETING  
JULY 21, 2015  
7:00 P.M.

This Meeting Will Be Recorded By the Town Clerk  
Pledge of Allegiance  
Moment of Silence  
Emergency Exit Instructions  
Roll Call

Minutes of June 16, 2015 Town Board Meeting  
Town Clerk Report  
Highway Superintendent Report  
Building Inspector Report  
Parks and Recreation Director Report  
Library Report  
Miscellaneous Report

PUBLIC FORUM: 1. Any Citizen may Address the Town Board About Their Concerns

BUSINESS ITEMS:

1. Retirement Reporting Resolution
2. Director of Parks and Recreation Appointment
3. Community Video – CGI Communications Inc.
4. Meeting Room Divider
5. Budget Transfers
6. Hiring Additional Summer Playground – Morgan Engelbert
7. NRPA Congress – September 14-17 – Tom Venniro
8. Town Equipment Loan Request Form
9. Town Volunteer Application Form
10. Miscellaneous

INFORMATIONAL ITEMS:

1. Household Hazardous Waste Collection Report
2. Clarkson Parma Town Line Road Water
3. Miscellaneous

LIAISON REPORTS:

WARRANTS: General Funds (AOO) Part Town (BOO) Highway Town Wide (DAO)  
Highway Part Town (DBO) Town Wide Drainage (SDO) Trust and Agency (TAO)

ADJOURNMENT:

## REQUEST FOR USE OF TOWN OWNED EQUIPMENT

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

Responsible party name \_\_\_\_\_ Phone \_\_\_\_\_

Describe Item(s) requested \_\_\_\_\_

Date(s) requested \_\_\_\_\_

Reason for Request \_\_\_\_\_

Name of Operator \_\_\_\_\_ Phone \_\_\_\_\_

Location of Use \_\_\_\_\_

1. The above signed operator must be present for orientation when the item is picked up and returned.
2. The item will be inspected by Town's personnel along with above signed operator, for any mechanical and/or cosmetic issues.
3. The borrowing organization must have liability insurance and must produce a certificate of insurance naming the Town of Parma as additionally insured. A sample certificate with coverage amounts is attached.
4. The equipment operator must be at least 18 years of age or older.

It is hereby agreed that the above named organization will be fully responsible for the care and/or damages of any equipment while in their possession. I certify that the above organization carries insurance as in the attached sample. To the fullest extent permitted by law, the undersigned party shall indemnify and hold harmless the Town of Parma, the owner and their agents and employees from and against all claims or actions based upon property damage and/or personal injury resulting from any acts, omissions or any other matter whatsoever of the above mentioned, its members, guests and invitees and anyone directly or indirectly employed by the organization.

This agreement shall include indemnity to the Town of Parma for all costs, counsel fees, expenses or any other liability whatsoever, which may be incurred by the town of Parma as a result of the above mentioned parties participation.

\_\_\_\_\_  
*Representative's Signature*

\_\_\_\_\_  
*Date* **NOTE:** The

portable stage will not be secured for your organization until this form and all required documents are submitted to the address below.

**REMIT TO: 59 Henry Street, Hilton, NY 14468 Inquiries: 392-9030**

**Town of Parma  
Volunteer Service Application**

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth (if under 18) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Employers Name: \_\_\_\_\_

How many hours per week? \_\_\_\_\_ What Days? \_\_\_\_\_

Available Start Date \_\_\_\_\_ Days /Hours available \_\_\_\_\_

\*\*\*\*\*

**Special skills, interests, hobbies that you have:** \_\_\_\_\_

**Please list previous volunteer experience including dates and type of service:**

**If yes, do you have a valid NYS Driver's License?**  Yes  No

ID # \_\_\_\_\_

**Have you ever been convicted of a crime (other than traffic violations)?**  Yes  No

**If yes, please explain:** \_\_\_\_\_

**PLEASE INDICATE WHICH AREAS WOULD BE OF INTEREST**

- |  |  |
|--|--|
| <input type="checkbox"/> Adult Programs          | <input type="checkbox"/> Playgrounds       |
| <input type="checkbox"/> Youth Programs          | <input type="checkbox"/> Special Events    |
| <input type="checkbox"/> Senior Citizen Programs | <input type="checkbox"/> Office / Clerical |
| <input type="checkbox"/> Other _____             |  |

T- Shirt size \_\_\_\_\_

**EDUCATION**

SCHOOL	FROM / TO	DEGREE

**REFERENCES**

Please list three professional references (no relatives). These should be persons who can attest to your ability to work with others in a volunteer capacity:

NAME AND ADDRESS	PHONE	OCCUPATION

**VOLUNTEER AUTHORIZATION / INDEMNITY- HOLD HARMLESS AGREEMENT**

Volunteer candidates must meet the highest standard of conduct because of the municipality's responsibilities for those in its care. This information is to be used only to assist us in determining qualifications for a position as a volunteer.

To the fullest extent permitted by law, the volunteer shall indemnify and hold harmless the Town of Parma, its agents and employees from and against all claims or actions based upon property damage, personal injury resulting from any acts, omissions or any other matter whatsoever, its members, guests and invitees, and anyone directly or indirectly employed by event participant while participating in the sponsored event hosted by the Town of Parma. This agreement shall include indemnity to the Town of Parma for all costs, counsel fees, expenses or any other liability whatsoever, which may be incurred by the Town of Parma as a result of the volunteer's participation.

I agree to conform to the municipality's rules and regulations to the best of my ability. I agree to participate in orientation and training. I authorize all inquiries for my personal, employment, financial, criminal, motor vehicle records or medical history and other related matters as may be necessary to make a decision. I understand that false or misleading information given in my application or interview may result in discharge.

*I authorize all references listed to give you pertinent information, and release all parties from any liability from furnishing this information.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

VOLUNTEER PLACED <input type="checkbox"/> YES <input type="checkbox"/> NO-(GIVE REASON BELOW)	
Placement Site _____	Term _____
References Checked _____	Police Check _____
Interviewed by _____	Date _____