

## Criteria for the Broken Arrow Helping Hands

### **Overall goals of the Program**

The Broken Arrow Helping Hands is designed to assist the citizens of Broken Arrow in maintaining property free of health and safety hazards, dilapidated structures, trash, debris, weeds, or other public nuisances, as defined in the Broken Arrow Municipal Code.

This volunteer program works to establish partnerships with local businesses, churches and other non-profit organizations and individuals to provide volunteer assistance to those citizens who, due to circumstances beyond their control, cannot accomplish basic property maintenance activities. This program helps truly needy individuals, with existing code violations, benefit from temporary assistance.

### **Requirements**

1. Must be an owner-occupied house or tenant-occupied house. Vacant rental property, vacant lots, or businesses are not eligible. Tenants may apply for assistance.
2. Must agree to and sign the Permission/Release of Liability Form Authorizing Work on Private Property. A tenant may apply for assistance.
3. Must have an active code enforcement case against the property

### **Selection Criteria**

Applicants must demonstrate one of the following to qualify for the program:

1. Physical limitation or medical hardship
2. Financial hardship
3. Active Military Spouse (Deployed or TDY), (must show proof of deployment)
4. Family hardships (I.E. death in the family, illness)

### **Selection Process**

1. Within all initial code letters mailed, a brochure containing a short application is included for the program.
2. Applications are received, reviewed and prioritized by Keep Broken Arrow Beautiful personnel.
3. Once applications are approved, KBAB coordinates with participating volunteer groups to complete each project.
4. Once applications are denied, there is no appeal process.

## **Program Extent and Disclaimers**

1. The program designed and intended to merely be a conduit for needy citizens, directing them to volunteer agencies that can and will assist them with minor property maintenance issues, such as mowing and cleaning.
2. KBAB will not take over and govern any volunteer agency program of similar nature currently being operated by a volunteer agency.
3. Volunteer agencies may “adopt” applicants to continue this assistance, as they see fit, on their own and apart from BA Helping Hands.
4. Applicants are welcome and encouraged to pursue volunteer agencies independent of the program for help.
5. The work done on the property is by volunteers, who are provided by the volunteer agencies. At no time will the volunteer work be done by City employees during working hours. If City employees wish to participate, they may do so as volunteers and on their own time and at their own risk.
6. Successful applicants will receive a maximum of 90 consecutive days of help through the BA Helping Hands program, from the date of the first volunteer project on the property. After 90 days, the applicant has the option of resubmitting an application to the program. An applicant can be accepted a maximum of four (4) times to the program.
7. The Helping Hands program will focus on minimum and basic property maintenance issues only. More extensive maintenance may be done apart from the program and at the volunteer agency’s discretion, cost and risk.

## **Volunteer Waivers**

1. All volunteers will be required to have a signed waiver with the City prior to participation in the program.
2. All volunteers are subject to background checks and may be interviewed (or paperwork reviewed) by the City prior to participation in the program.
3. Any registered sex offenders will not be allowed to participate in the program as a volunteer.



**Application - Waiver Form**  
**Broken Arrow Helping Hands**  
**APPLICATION**  
**Permission/Release Form Authorizing Work on Private Property**

Name (type or print full name) \_\_\_\_\_

Owner Name, if different \_\_\_\_\_

Telephone (Daytime) \_\_\_\_\_ Emergency \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_

Please read **before** signing:

I hereby acknowledge that I am the legal owner or tenant of the above addressed property and/or that I have legal authority to sign this Permission/Release Form on behalf of the legal owner or tenant.

I hereby give permission to the volunteers participating in the Broken Arrow Helping Hands program (a volunteer-based neighborhood enhancement program in the City of Broken Arrow) to clean up my property, to throw away trash, to organize existing property, to mow or remove any property that is an obstacle or deemed dilapidated from my property. I hereby release from all liability the City of Broken Arrow, and their employees, agents, leaders, instructors, contractors, sponsors, officials, representatives, and volunteers for the disposal of such items.

I acknowledge that participation in these events and activities involves risk of physical and/or mental injury to any individual undertaking such event or activities and hold the City of Broken Arrow and the associated volunteer organization completely harmless for any damages associated with this event or activity.

I, (please print full name) \_\_\_\_\_, understand that my property is being improved on a volunteer basis without anticipation of financial remuneration or guarantee of quality or workmanship. I agree to indemnify and hold harmless the City of Broken Arrow, and their employees, agents, leaders, instructors, contractors, sponsors, officials, representatives, and volunteers or the above as a result of, or during my participation as a recipient of these services.

I hereby expressly assume the risk and I acknowledge that I have carefully read and fully understand this agreement and its contents. I am aware and agree that this is a release of liability and agreement between me and the above organizers and participants, and I sign it of my own free will.

This agreement is effective from and after the date indicated below.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## **QUALIFICATIONS TO PARTICIPATE IN THIS PROGRAM:**

### Requirements:

- Property must be an owner-occupied or tenant-occupied house.
- Property owners and Tenants may apply for this program.
- Vacant rental property, vacant lots, or businesses are not eligible.
- Applicant must agree to and sign the Application form authorizing volunteers to do work on the property (attached)
- Applicant must demonstrate one of the following to qualify for this program
  - Physical limitation or medical hardship
  - Financial hardship
  - Active military spouse (TDY or Deployed. Must show proof of assignment/status)
  - Family hardship (death in the family or severe illness)

### Selection Criteria:

Applicant must demonstrate one of the following to qualify for this program:

1. Physical limitation or medical hardship
2. Financial hardship
3. Active Military Spouse (Deployed or TDY). Must show proof of status/assignment
4. Family hardship (I.E. a death in the family or severe illness).

Owner-occupants or tenant-occupants of property described above are highly encouraged to apply for assistance through this program. While the City is the first point of contact, upon approval to receive assistance, the applicant will be working with volunteer groups from around the City.

**To request BA Helping Hands assistance, please mail the completed form to:**

City of Broken Arrow  
Attention: Valerie Holbrook, Code Enforcement  
PO Box 610  
Broken Arrow OK 74013



**Volunteer Waiver Form**  
**Broken Arrow Helping Hands**

Agreement for Individual Volunteer Services:

Name (type or print full name) \_\_\_\_\_ Age \_\_\_\_\_

Telephone (Daytime) \_\_\_\_\_ Emergency \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer/Organization \_\_\_\_\_

Would your organization be interested in sponsoring a Neighborhood Improvement Project? \_\_\_\_ Yes  
\_\_\_\_ No

Please read **before** signing:

Upon my signing this release, I hereby volunteer to be a participant in or with Broken Arrow Helping Hands (a volunteer based neighborhood enhancement program in the City of Broken Arrow). I acknowledge that participation in these events or activities involves a risk of physical and/or mental injury to any individual undertaking such activities.

I, (please print full name) \_\_\_\_\_, understand that my services are being offered on a volunteer basis without anticipation of financial remuneration. I indemnify and hold harmless the City of Broken Arrow, and their employees, agents, leaders, instructors, contractors, sponsors, officials, representatives, or volunteers from and against all claims, demands, loss or injury to my person or property incurred through negligence, or other acts or omissions, however caused by myself or by an officer, employee, agent, leader, instructor, contractor, sponsor, official, representative or the above as a result of or during my participation in volunteer services.

As a volunteer for this program I understand that I may be subject to a background check and I am not a registered sex offender. I hereby give my consent to said background check.

I hereby expressly assume the risk and I acknowledge that I have carefully read and fully understand this agreement and its contents. I am aware and agree that this is a release of liability and agreement between me and the above organizers and participants, and I sign it of my own free will.

This agreement is effective on the date indicated below.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian if applicant is under the age of 18: \_\_\_\_\_