



EAGLE SCOUT PROJECT STATEMENT OF COMMITMENT

This section to be completed by Scout:

Scout's Name: First, Middle, Last (Please Print)	Home Phone (with area code):	Date of Birth (DOB)
Parent/Guardian Name (Please Print)	Cell Phone (with area code):	
Address	Email:	Emergency Contact:
City, State, Zip	Date Scout turns 18:	Emergency Contact Phone:

This section to be completed by City of Kirkland staff:

Supervising Staff Name:	Phone:	Email:
Project Title:	Project Description:	
Project Location:		
Project Implementation Timeframe:		
Ultimate Project Deadline (of City):	Ultimate Project Deadline (of Scout):	
Materials/Resource to be provided by City:	Materials/Resources to be provided/recruited by Scout:	

Date of initial consultation with Kirkland Staff: \_\_\_/\_\_\_/\_\_\_ Name of Kirkland Staff: \_\_\_\_\_

Date of additional consultation with Kirkland Staff: \_\_\_/\_\_\_/\_\_\_ Name of Kirkland Staff: \_\_\_\_\_

For Scout: (Please initial the following)

- \_\_\_\_\_ I agree to "lock in" an official assignment to this particular project. I understand that by doing so, it will be my project exclusively, and therefore eliminate the possibility of it being assigned to another Scout.
- \_\_\_\_\_ I agree to provide all necessary volunteer labor (recruitment of additional Scouts and volunteers).
- \_\_\_\_\_ I agree to complete all necessary City of Kirkland volunteer paperwork for myself and all participating volunteers (youth and adult). Regarding this, I will contact Patrick Tefft, Volunteer Services Coordinator, 425-587-3012 or [ptefft@kirklandwa.gov](mailto:ptefft@kirklandwa.gov)
- \_\_\_\_\_ I agree that if/while I am under the age of 18, I will not operate power tools, vehicles, or machinery.
- \_\_\_\_\_ I agree not to go beyond the scope of volunteer work agreed to without authorization.
- \_\_\_\_\_ I agree that if I run into any difficulties or challenges during the planning or implementation of my project, that I will inform and/or consult my Kirkland contact in a timely manner.

Signature of Scout \_\_\_\_\_ Date \_\_\_\_\_ Signature of Authorized City of Kirkland Staff \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_