



DEPARTMENT OF PARKS & RECREATION
GROUP VOLUNTEER APPLICATION

NAME OF GROUP: _____

CONTACT NAME: _____

HOME PHONE: _____ WORK PHONE: _____

CONTACT ADDRESS: _____

CITY: _____ ZIP: _____

PROPOSED WORK DATE: _____ NUMBER OF VOLUNTEERS: _____

WHAT TYPE OF VOLUNTEER WORK WOULD YOUR GROUP LIKE TO PERFORM? (Tree-Planting, Clean Up, Special Improvement Project, Adopt-a-Park, Adopt-a-Trail) _____

WHAT IN-KIND OR MONETARY DONATIONS IS YOUR GROUP ABLE TO PROVIDE TOWARD COMPLETION OF THE PROJECT? _____

WHAT IS YOUR PREFERRED LOCATION TO PERFORM THE WORK? _____

WHAT HAS YOUR GROUP VOLUNTEERED FOR IN THE PAST? _____

SIGNATURE OF GROUP/FAMILY REPRESENTATIVE: _____

TITLE: _____ DATE: _____

(GROUP LEADERS ARE RESPONSIBLE FOR OBTAINING PERMISSION SLIPS FOR MINORS 17 YEARS OF AGE AND UNDER)