



Mount Vernon Parks and Enrichment Services

Pitch In for Parks and Trails

PARK STEWARDSHIP APPLICATION

Please PRINT the following information:

First Name: _____ Last Name: _____

Group Name (if applicable): _____

Contact Mailing Address: _____

Street City State Zip
Email: _____ Phone: _____

What is the best way to contact you? Phone Email

In case of emergency contact: _____
Name Relationship Phone

If applying as a group, how many members do you expect to volunteer? _____ under 18 _____ Age 18+

Time expected to volunteer: _____ hours per week month other _____

Location(s) of park property wishing to adopt/work at: _____

Areas of Interest:

- Litter Clean-up
- Planting
- Weeding
- Safety Patrol
- Trail Maintenance
- Invasive Plant Removal
- Trail Clean-Up (i.e. after storms)
- Other: _____

Main goals for the site:

Do you have your own tools? Yes No

Please list any special skills, education, hobbies that would help you with your volunteer position.

Why do you want to volunteer?

Applicant Signature: _____ Date: _____

Please return completed application to the Mount Vernon Parks and Enrichment Services Department office, 1717 S. 13th Street, or email to: my_parks@mountvernonwa.gov . Once your application has been reviewed you will be contacted for an interview and site visit. Please call the office with any questions 360.336.6215