



Mount Vernon Parks and Recreation

Adopt a Park / Trail / Street

LAND 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, trail, or street 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: _____