City of Pasco Adopt-A-Park Program

Volunteer Application

Organization (if applicable)		Date
Group contact person		Estimated group size
Address	City, State, Zip	
Home Phone Number	Work Phone Nu	mber
Emergency Contact	Relationship	
Home Phone	Business Pho	ne
How frequently do you or your group prop	oose to participate in th	nis program?
Weekly Monthly	Quarterly	Other
Program/Project In order for the City of Pasco to best match please check opportunities of interest: Adopt-A-Park Trail Maintena Special Interests or Talents	nce	
STATEMENT OF AGREEMENT As a representative of this organization, I have safety recommendations as put forth by the City of Pasco's park/trail programs and that a agreement. I understand that the City of Pasco to whether a group can participate, and the part or destroy the present landscaping or design of I/we understand that participation in the City agree to assume the responsibility for an injury	y of Pasco. I understand City of Pasco representa Facilities Services Mana k assigned. I also agree the park or trail which now of Pasco's programs i	If that this is an application for the live will contact me to finalize an ger will make the final decision as to maintain, but not alter, remove my/our project involves. It is an application for the live will be an application for the live will be a supplied to the live will b
Organization Contact Signature		Date
For Office Use Only Assigned Park		
Assigned Park To		