

CITY OF TEMPE ADOPT-A-PARK VOLUNTEER PROGRAM
APPLICATION

ORGANIZATION/GROUP INFORMATION:

Name of Organization/Group:

Mailing Address:

Telephone:

Contact Person(s)	E-Mail Address	Telephone No.
(1)	_____	_____

(2)	_____	_____
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PARK ASSIGNMENT INFORMATION:

Park Assigned: _____ Number of Participants: _____

Proposed Start Date: _____ (1) One-year (2) Two-year

Planned Schedule: (1) Monthly (2) Quarterly

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APPLICANT STATEMENT:

On behalf of _____(Group), I have read and agree to the application process and procedures for the City of Tempe Adopt-a-Park Program. I understand the nature of the proposed work that is to be performed and take responsibility for the group's participation in the program.

Applicant's Signature Printed Name Title Date:

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