

Adopt-A-Trail Program Quarterly Report

Volunteer/Group Name: _____

Address: _____

Phone: _____ **Email:** _____

Adopted Greenway Trail: _____

Dates, hours, and number of volunteers served (please include month, day and year):

Date	Hours	Number of Volunteers

Total hours served: _____

Trail Observations

Please let us know of any problems you see at your adopted park/trail site. Call 911 with all emergencies.

I verify that the information listed above is correct and that all volunteer activities performed during this quarter are in compliance with my Adopt-A-Trail agreement and all policies, procedures, and regulations of the Raleigh Parks, Recreation and Cultural Resources Adopt-A-Trail program.

Volunteer Name (Printed) Volunteer Signature Date