



# 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: \_\_\_\_\_

## Park/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.

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Volunteer Name (Printed) \_\_\_\_\_ Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return forms to: Ashley Deans, Volunteer Services Coordinator  
 Email: [Ashley.deans@raleighnc.gov](mailto:Ashley.deans@raleighnc.gov)  
 Fax: 919-996-7617  
 Address: PO Box 590, Raleigh, NC 27601