



Town of Riverhead Adopt-A-Park

Parks Office – 55 Columbus Avenue Riverhead NY 11901

schandel@townofriverheadny.gov

631-727-3200 x733

Adopt-A-Park Program Application

Date: _____ Participant (Or Group): _____

Group Spokesperson (if applicable): _____

Mailing Address: _____

Phone: _____ Email: _____

Park/Section you wish to adopt: _____ Alternate Park/Section: _____

Est. Number of Participants: _____

Terms & Conditions

1. Subject to the Town’s right to terminate, this agreement shall be in effect for one year beginning _____
2. Conditions:
 - a. The participant(s) shall develop and follow a clean up/inspection schedule agreed upon by the Parks & Recreation Department and report park hazards to the Park Staff.
 - b. The contact person shall report all hours volunteered to the Adopt-A-Park Coordinator.
 - c. Each individual participant must sign the Town of Riverhead’s standard volunteer service agreement.
 - d. The Town of Riverhead may photograph or videotape the events or activity in which the participant is participating for the purpose of promoting the Town of Riverhead and its services/programs, with the following understanding that no compensation of any kind will be paid to the participant.
 - e. The Participant or Group, and all volunteers and agents will comply with all terms and conditions set forth in the Adopt-A Park Training Handbook and this Agreements, as they may be amended from time to time, as well as any additional rules or directives of the Town of Riverhead or the Parks & Recreation Department.
 - f. All Volunteers shall sign the Adopt-A-Park Volunteer Service Agreement and Release before providing any volunteer services.
3. Volunteers are allowed access to Town property for the purpose of carrying out the terms of this agreement.

The Town of Riverhead reserves the right to terminate this agreement at any time.

ADOPT- A – PARK PARTICIPANT

TOWN OF RIVERHEAD

Signature (Authorized Representative of Group)

Signature of Park Staff

For Office Use Only

Approved/Denied || Date: _____ || Training Date: _____ || Date Started: _____