

APPLICATION FORM



Group or Individual Name: _____

Main Contact Name: _____

Mailing Address: _____

Phone Number (Day): _____ Phone Number (Evening): _____

Phone Number (Cell): _____

Email: _____

Estimated Number of Participants: _____

Preferred Location: _____

Tentative Start Date: _____

Annual Number of Workdays (minimum of four): _____

STATEMENT OF AGREEMENT

As a representative of this organization, I have read and agree to abide by the [policies and safety recommendations](#) as put forth by the County of Roanoke in regard to the Park Partners Program. I understand a Department representative will contact me to finalize an agreement. In addition, I understand that the Director of Parks, Recreation and Tourism, or authorized designee, will make the final determination as to whether a group can participate and the final location.

Signature: _____ Date: _____



Please submit application to Park Partners Program Volunteer Coordinator:

VOLUNTEERCOORDINATOR@roanokecountyva.gov
(540) 777-6340