

Exhibit C

Adopt-A-Park Program Volunteer Application

Individual or Organization	on Name		Date
Group contact person _			Estimated group size
Address		City	/, State, Zip
Home Phone Number _		Work Phone Nun	nber
Cell Number		Email	
Emergency Contact _			
Relationship			
Phone #1		Phone #2	
How frequently do you	or your group propo:	se to participate in this p	program?
Weekly	Monthly	Quarterly	Other
Program/Project			
In order for the City of T check opportunities of in		atch your interests and s	kills with available projects, please
Adopt-A-Park	Open Space Mainte	nance Special	Interests or Talents
STATEMENT OF AGRE	EMENT		
safety recommendations he City of Toppenish's inalize an agreement. I inal decision as to wheth	as put forth by the open park program and understand that the ner a group can part	City of Toppenish. I und that a City of Toppenise City of Toppenish Publicipate, and the park as	bide by the policies, regulations and erstand that this is an application for sh representative will contact me to lic Works Department will make the signed. I also agree to maintain, but he park or open space which my/our
/we understand that paragree to assume the resp	ticipation in the City consibility for an inju	y of Toppenish's progra Iry or damage to person	m is voluntary and that participants or property.
Organization Contact Sig	nature		Date
For Office Use Only			
Assigned Park Dates of Adoption: From		То	
Organization (as it will appe		one ne Two	
N D-1- O		Data Installad	