

CITY OF TEMPE ADOPT-A-PATH VOLUNTEER AGREEMENT

Organization Name Responsible Party* Name

Address Phone

City, State Zip Code

*The Responsible Party should be the person lawfully authorized to act on behalf of the organization/volunteer group and designated by the organization/volunteer group as the only contact for the City on all matters related to the agreement.

Path(s) interested in adopting:

1. _____

2. _____

3. _____

Applicant agrees to all terms and conditions as outlined in the "Adopt-A-Path Policies, Rules and Procedures" document. I have read this agreement and understand the terms.

Printed Volunteer Cleanup Coordinator Name Date

Signature Phone Number

E-Mail Address