



St. Charles Parks & Recreation Board
1900 Randolph Street
St. Charles, MO 63301

Group/Individual Volunteer Application

| | | | |
|---|--------|---|----------|
| Group/Organization/Individual (Please Print) | | | |
| Contact Name | | | |
| Street Address | City | State | ZIP Code |
| Telephone | E-Mail | | |
| Number of adults (ages 13 and older) in your group: _____ | | | |
| Number of children (ages 12 and under) in your group: _____ | | | |
| Please describe your group (if applicable) and intent for project: | | | |
| | | | |
| Duration of Commitment: | | | |
| On-going Partnership ____ Weekly ____ Monthly ____ Several Times Per Year ____ Start to Finish Project | | Short-term Project ____ ½ Day ____ 1 Day Project ____ Several Days ____ Approx. Number of Hours | |
| Are there any physical, age, or other limitations that we should consider when agreeing upon a project for you or your group? | | | |
| Please indicate the best days and times for you or your group. | | | |
| Skills and interests (Check all that apply) | | | |
| ____ Trail Maintenance ____ Gardening/Planting ____ Grounds Maintenance ____ Other (Please Explain) _____ | | | |
| Signature of Individual/Group Coordinator | | Date: | |