



ADOPT GF APPLICATION

Adoption interest (check all that apply)

Name of Organization/Applicant: _____

Primary Contact Person: _____

Secondary Contact Person: _____

Mailing Address: _____ Zip Code: _____

Phone: _____ Secondary Phone: _____

Email: _____ Organization website (optional) _____

Estimated # of participants: _____ Age range of participants: _____

Park or Trail Section requested: _____

(Greatfallsmt.net/parksites has a map and lists each park location with amenities)

Second choice: _____

Third choice: _____

Type(s) of projects the Adopter would like to accomplish: _____

Proposed start month and frequency of volunteer commitment (minimum of 1 year adoption)

Example: *(Start in January. January 12 2-4 pm, February 17 3-5 pm, March 5 2-4pm)*

Terms of Agreement:

I certify that I understand the Adopt GF guidelines and that I possess the authority to execute this agreement on behalf of the organization. I understand this is an application for the Adopt GT program and the Parks and Recreation Department will contact me to finalize the agreement.

Printed name: _____ Signature: _____ Date: _____

Great Falls Park and Recreation 1700 River Dr. North. Great Falls, MT 59401 (406) 771-1265