



Volunteer Application Adopt-An-Overlook Groups

Instructions: Complete this form and print it. Mail the completed application to FRIENDS of the Blue Ridge Parkway, P.O. Box 20986, Roanoke, VA 24018. You will receive confirmation of your application.

YOUR GROUP'S TEAM CAPTAIN

Name: _____

Name of Group / Family /Club/Organization: _____

Address: _____

City/ State/ Zip Code: _____

Daytime Phone Number(s): _____ Evening Phone Number(s): _____

Email: _____

It is your responsibility to have read General Adopt-An-Overlook Application Information in full prior to applying to Adopt-An-Overlook.

I have read the General Adopt-An-Overlook Application Information and agree. (Please sign your name below). Yes, I agree: _____

Signature: _____ Date: _____

QUESTIONS:

The following questions are necessary to determine your organization's level of commitment.

1. As a club/organization/group, do you understand that you are expected to fulfill the Maintenance Standards, Seasonal Maintenance procedures and Safety outlines in the materials provided and work under the supervision of the National Park Service to maintain the overlook? (Per our website www.BlueRidgeFRIENDS.org adopt a trail seasonal maintenance is provided – the overlooks are the same.)

Yes _____ No _____

2. Will you provide a 3 to 5 year commitment to maintain the overlook you have chosen?

Yes _____ No _____

3. What Parkway Overlook do you wish to apply to adopt? _____

Provide the milepost # of the overlook: _____

4. How often do you plan to work on the overlook (tentative schedule), and approximately how many people will be performing the work?

How often? _____

How many people? _____

5. You will be required to schedule a basic overlook maintenance training session with the Park Service. Will your group be available for training within 3 weeks of acceptance into this program? (It is your responsibility to coordinate the first meeting with the Park Service at their convenience.)

Yes _____ No _____

6. You are required by the National Park Service and by FRIENDS to complete general NPS volunteer forms for everyone in your group prior to their working on the Parkway. (The form is included in the

General Adopt-An-Overlook Application Information.) Do you agree to have each member of your group complete this form and return to our office prior to their working on the Parkway overlook?

Yes _____ No _____

7. Three times a year, you will be required to return an overlook Maintenance Activity Forms to our office reflecting the hours of volunteers and maintenances accomplished. Do you agree to submit the paper work in a timely manner?

Yes _____ No _____

Please list below the reason(s) you wish to be approved for this project and your past experience, if any.

REFERENCES:

Please provide information on two individuals that will ask as a reference for your group to this project.

1. Name: _____

Address/ City/State/Zip Code: _____

Daytime Phone: _____ Email: _____

2. Name: _____

Address/ City/State/Zip Code: _____

Daytime Phone: _____ Email: _____

AVAILABILITY: Please tell us about your availability to begin service of this overlook:

Starting date: _____

Team Captain's Signature:

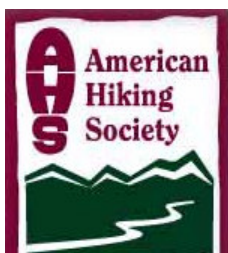
Signature _____ Date Submitted _____

Notice to Volunteer

Clubs and organizations as volunteers are not considered to be Federal employees for any purposes other than tort claims and injury compensation. Volunteer service is not creditable for leave accrual or any other benefit. However, volunteer service is creditable work experience.

Privacy Act Statement

Following information is provided to comply with the Privacy Act (PL 93-579). 5 U.S.C. 301 and 7 CFR 260 authorize acceptance of the information requested on this form. The data will be used to contact applicants and to interview, screen, and select them for volunteer assignments. Furnishing this data is voluntary.



Thank you for applying to Adopt A Parkway Overlook!

1-800-228-7275

Please do not hesitate to call if you have any questions.