



GROW ZONE VOLUNTEER PROJECT PROPOSAL



The Volunteer Program invites community and business groups to partner with Austin Parks & Recreation (PARD) and Watershed Protection (WPD) to help maintain Grow Zones in Austin parks. If you would like to propose a volunteer project please use this form to make the request. Grow Zones are riparian restoration areas, for more info on Grow Zones please visit www.austintexas.gov/watershed/creekside.

PLEASE NOTE: Volunteers are not allowed to use power tools or chemicals, nor to do tree work unless specifically authorized and a Public Tree Care Permit has been issued.

CONTACT INFORMATION

Contact Name: _____ Group/Organization: _____
 Address: _____
 City/State/Zip: _____
 Phone Number: _____ E-Mail: _____

PROJECT DETAILS

Park where work will be done: _____
 Date(s) of proposed work: _____ Time(s): _____
 Number of people expected: _____

Project Description:

PARD or WPD Roles/Resources:

Describe what, if anything, you are requesting for WPD and/or PARD's Participation/Contribution including staff support, materials, trash collection, brush removal etc. (WPD and PARD will make every effort to support approved projects, however due to limited resources support for projects may not be possible)

Please submit request to:

Email: parksvolunteer@austintexas.gov • **P:** 512.974.6770 • **F:** 512.974.6756
 Austin Parks & Recreation • 200 S Lamar Blvd., Austin, TX 78704 • Attn: Volunteer Program



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Project Notes/Comments:

Volunteer Project Proposal forms must be received at least 30 days before your proposed project date in order for PARD and WPD to review and approve the project and work with you to coordinate the details. (Exceptions can be considered for small projects that require limited coordination and PARD/WPD involvement)

APPROVALS:

PARD Site Manager: Name: _____ Signature: _____

Phone: _____ Date: _____

PARD Urban Forestry: Name: _____ Signature: _____

Phone: _____ Date: _____

WPD Grow Zone Coordinator: Name: _____ Signature: _____

Phone: _____ Date: _____

PARD Volunteer Program: Name: _____ Signature: _____

Phone: _____ Date: _____

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