

WEST VIRGINIA



WEST VIRGINIA STATE PARKS & FORESTS ADOPT-A-TRAIL PROGRAM

TRAIL VOLUNTEER REPORT

Group/Organization Name: _____

Please put organization name exactly as you want it to appear on the sign.

Date of Volunteer Day: _____

Trail Name/Description: _____

Start Time: _____ End Time: _____

Total Time: _____

Number of Participants: _____ Under 18 _____ Over 18

Grand Total Volunteer Hours: _____

Representative Name: _____

Email: _____

Phone: _____

Description of work preformed/metrics (bags of trash collected, etc):

Representative's Signature: _____ Date: _____

Superintendent's Signature: _____ Date: _____

almost heaven