

**Canalway Trail
Adopt-a-Trail Program**

VOLUNTEER REPORT

Adopted section _____

Adopter group/individual volunteer(s): _____

Date: _____

Total volunteer hours: _____
(number of volunteers x hours per volunteer) _____

The above named volunteer(s) completed Adopt-a-Trail activities described/summarized as follows: (e.g. inspection of trail surface and facilities, pick-up of litter, trash or debris, remove brush or weeds, etc.)

Canalway Trail features that were reviewed:

Comments/Observations: (A map of the trail segment may be attached to help identify locations.)

Adopt-a-Trail Volunteer Coordinator Name (please print) _____

Signature

Telephone No.:

Send this completed form to _____