



**EL PASO COUNTY PARKS
ADOPT-A-TRAIL / PARK PROGRAM
INSPECTION CHECKLIST**

VOLUNTEER ORGANIZATION: _____

NAME OF TEAM LEADER: _____ DAY PHONE: _____

NUMBER OF VOLUNTEERS: _____ DATE: _____ TIME WORKED: _____

PARK/TRAIL LOCATION: _____

WHAT ACTIVITIES DID YOU ACCOMPLISH DURING YOUR VISIT (LITTER PICKUP-QUANTITY, INSPECTION OF FACILITIES, ETC)?

WHAT IS THE GENERAL CONDITION OF THE AREA? _____

LIST ANY ITEMS OF PARTICULAR CONCERN THAT REQUIRE IMMEDIATE MAINTENANCE ATTENTION, EXCESSIVE EROSION OF TRAIL, BROKEN SPRINKLER HEADS, (SPECIFY LOCATION), ETC: _____

HAVE WAIVERS BEEN SUBMITTED FOR ALL VOLUNTEERS? (NOTE: ONE WAIVER PER VOLUNTEER WILL COVER THEM FOR ALL FUTURE VISITS.)

DO YOU NEED ADDITIONAL CHECKLISTS? YES _____ DO YOU NEED ADDITIONAL WAIVER FORMS? YES _____

RETURN CHECKLIST TO:

**Dana Nordstrom, Community Outreach Coordinator (dananordstrom@elpasoco.com)
2002 Creek Crossing
Colorado Springs, CO 80905
(719) 520-6983 fax (719) 520-6389**