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
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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