



# POST Partners Volunteer Program

## Inspection Checklist and Roster

**(This form should be completed each time a group returns from maintaining a park, open space or trail and turned in no later than the 30th of each month.)**

Project Manager's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_ Project: \_\_\_\_\_

Site Location of work: \_\_\_\_\_

Total Number of Volunteer Hours: \_\_\_\_\_

Timespan of logged hours: Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

What activities did you accomplish this timespan?

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List any items of particular concern that require immediate maintenance attention, i. e. Excessive erosion of trail, broken sprinkler heads, etc. (specify location):

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**Have waivers been submitted for all volunteers? (Note: one waiver per volunteer per calendar year).**  Yes  No

**RETURN CHECKLIST TO:**

**Marcy Jones**  
**Volunteer Coordinator**  
Town of Castle Rock  
Parks and Recreation Department  
1375 W Plum Creek Parkway  
Castle Rock, CO 80109  
(303) 814-7456 Phone / 303-660-1011 Fax  
[MJones@CRgov.com](mailto:MJones@CRgov.com)

**POST PARTNERS VOLUNTEER PROGRAM  
PARKS AND RECREATION DEPARTMENT  
AUDIT ROSTER**

Project: \_\_\_\_\_ Project Mgr: \_\_\_\_\_

Date	Description of work completed	Name of Volunteer	Waiver Rcvd. (Y/N)	Adult or Youth	Approx. Number of Hours