NEWARK DELAWARE
Committed to Service Excellence

ADOPT A PARK

INDIVIDUAL MONTHLY TRACKING LOG

Park or Area: _____ Date: _____

Name of Organization: _____

Organization Coordinator: _____ Phone: _____

Coordinator Email: _____

Name of Volunteer	Email Address	School	Age	Hours

ADOPT A PARK

GROUP MONTHLY TRACKING LOG

Park or Area: ______________________________

Name of Organization: ______________________________

Organization Coordinator: ____________________ Phone: ____________________

Coordinator Email: ______________________________

Date of Clean Up	Number of Volunteers	Volunteer Hours	Individual hours sent to Newark Parks & Recreation	Notes