

# Adopt-A-Park

## Adopt-A-Park Program

The City of El Cerrito encourages residents, community organizations and businesses to become directly involved in improving our city parks and other landscaped areas through an Adopt-A-Park Program.

The City recognizes the contributions of the adopting groups and individuals by making and erecting signs bearing their names and logos, if feasible, in the adopted parks.

The goal of the Adopt-A-Park Program is to have all El Cerrito park and landscaped public areas adopted by as wide a range of community organizations, neighborhood groups and individuals as possible.

Adopting a park can take many forms, including establishing a presence in the park to be on the look-out for vandalism and maintenance problems and reporting these to the City; providing maintenance assistance in the form of general park clean-up, such as picking up litter, painting, weeding and minor planting (e.g., flowers, replacement shrubbery); providing direct monetary assistance for park enhancements; and providing input to the City on park use.

City staff will assist within available resources to provide training and to supervise the progress of the work of each individual or group who adopts a park or other area.

The purpose of this program is to build community spirit and a sense of civic responsibility. By supplementing City resources, this program will enhance the condition and beauty of our parks and other landscaped areas and will improve the quality of life in El Cerrito for the entire community.

**Mail application to:**  
 El Cerrito Community Center  
 7007 Moeser Lane  
 El Cerrito, CA 94530  
 (Attention-Adopt-A-Park)  
 or phone Bill Driscoll at 215-4355

### Adopt-A-Park Application

#### ORGANIZATION INFORMATION

(Individual Applicants - See below)

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Type of Organization: \_\_\_\_\_

Total Membership: \_\_\_\_\_

Briefly Describe Your Intended Contributions: \_\_\_\_\_

\_\_\_\_\_

#### INDIVIDUAL INFORMATION

(Note: Contact Person Must Be An Adult)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

#### Number of Participants:

Under 18 years \_\_\_\_\_ Over 18 years \_\_\_\_\_

#### If Individual Applicant:

are you over 18 \_\_\_\_\_ under 18 years \_\_\_\_\_

Briefly Describe Your Intended Contributions:

\_\_\_\_\_

\_\_\_\_\_

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