



**What is the Park Patrol?**

Park Patrol volunteers help keep City trails and parks clean, safe and in good repair for the community. The program is a joint effort of the City of Columbia's Office of Volunteer Services, Police Department, and Parks and Recreation Department and is sponsored by U.S. Cellular. Park Patrollers can volunteer at any trail or park in the city.

**What do Park Patrol volunteers do?**

Park Patrol volunteers serve as additional "eyes and ears" on trails and in our parks. Volunteers monitor trails and parks during daylight hours and serve as ambassadors for other users. Patrollers can do this while walking, running, or riding a bicycle. Volunteers must be 18 years of age. Individuals, regular exercisers, families, students and seniors are all welcome to join. Patrollers are identified by an official Park Patrol shirt or vest and badge and are encouraged to carry cellular phones. Park Patrol volunteers are asked to log a minimum of 4 hours per month from April through October.

**How can I get involved?**

It's easy. Just complete and return the information below to the Office of Volunteer Services. All Park Patrollers must successfully pass a background check and participate in training. Training takes approximately one hour and will be scheduled with staff from the Office of Volunteer Services.

**Questions?**

For further information on the Park Patrol contact the Office of Volunteer Services at 874-7499 or [volunteer@GoColumbiaMo.com](mailto:volunteer@GoColumbiaMo.com). Applications can be mailed to: City of Columbia, Office of Volunteer Services, P.O. Box 6015, Columbia, MO 65205-6015. You may fax your application to 874-7681. Learn more at [www.GoColumbiaMo.com/Volunteer](http://www.GoColumbiaMo.com/Volunteer).

**PARK PATROL APPLICATION**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

                    Last                      First                      Middle initial

Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Name and phone # of two references: 1) \_\_\_\_\_

(References should be familiar with your volunteer or professional experiences.) 2) \_\_\_\_\_

I understand that I am not an employee of the City of Columbia and that any duties I perform are as a volunteer. I agree to follow the policies and procedures outlined for this program. I also understand that it is my responsibility to update the information on this form. I understand that a background check will be conducted before I am placed as a volunteer with the City of Columbia and I agree to cooperate in that background check. I, the undersigned, give permission to the City of Columbia to conduct a background check.

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

For OVS Use: Received _____ BC Requested _____ SN _____ T _____ CN _____ BC Approved _____ Training _____ ID _____
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