



United States Department of the Interior

NATIONAL PARK SERVICE
PETERSBURG NATIONAL BATTLEFIELD
1539 Hickory Hill Road
Petersburg, Virginia 23803-4721



Five Forks Unit Adopt-a-Trail Program

Adoption Agreement

Name of Group: _____ Phone Number: _____

Address: _____

Email Address: _____ Name of Contact Person: _____

Types of Work to Be Completed:

- Clearing culverts and water bars of debris
- Blazing (painting) trail markers
- Clearing and cutting brush
- Cutting overgrowth on bridges and boardwalks
- Removing fallen trees and hanging branches
- Keeping bridges clean of debris
- Filling holes and leveling rough patches
- Picking up trash on the trail and at parking area/trailhead

Adopted Trail Information:

Name of Trail: _____ Length : _____ (miles)

Description of Adopted Trail Section (start and finish points): _____

Adoption Period: One Year Two Years

Guidelines

- Perform at least two Work Days a year with six months between visits
- No chainsaw or power equipment use
- Dispose of found recyclables properly
- Report items lost or found to the Five Forks Visitor Center on Courthouse Rd. and/or to the Adopt-a-Trail Coordinator
- Submit a Work Day Report and Group Volunteer Time Sheet to Adopt-a-Trail Coordinator after each complete work day
- Completed Adoption Agreement submitted to Adopt-a-Trail Coordinator
- All group members must follow state and federal laws and regulations while performing Program service
- Report any injuries to the Adopt-a-Trail Coordinator. For immediate assistance, go to the Five Forks Visitor Contact Station (located on Courthouse Rd. south of the Five Forks Junction) which is open seven days, 9am-5pm, phone #: 804-469-4093.

I understand that adopting a trail at the Five Forks Unit of Petersburg National Battlefield is a commitment to perform the work outlined previously while following the guidelines outlined above. If the work can not be performed I should notify the Adopt-a-Trail Coordinator as soon as possible. I also understand that any group members performing work need to wear proper attire and utilize safety equipment such as work gloves and eye protection. The need for any major trail maintenance or other trail problems should also be communicated to the Adopt-a-Trail Coordinator.

Contact Person Signature: _____ Date: ____/____/____

Date of site visit with Adopt-a-Trail Coordinator: ____/____/____