



Adopt-a-Cemetery Application



State the name of the Cemetery

_____ and milepost number _____ of the Cemetery you want to adopt.

Name of Adopting Individual:
or Group Leader:

Mailing Address:

City/State/Zip:

Phone:

Email:

Have you read the AaC Guidelines?

Do you agree to work within the AaC Booklet?

Are you adopting this cemetery ... (check one) as an individual _____ or as part of a group _____

If you are the team leader for a family or group, what is your group's name?

REFERENCES: Please provide contact information for two individuals who will support this application and vouch for your dedication and ability to do the job.

Name	Name
Mailing Address	Mailing Address
City/State/Zip	City/State/Zip
Phone	Phone
Email	Email

RETURN THIS FORM TO: Friends/BRP, PO Box 20986, Roanoke VA 24018

Privacy Act Statement

Following information is provided to comply with the Privacy Act (PL 93-579). 5 USC 301 and 7 CFR 260 authorize acceptance of the information requested on this form. The data will be used to contact applicants and to interview, screen, and select them for volunteer assignments. Furnishing this data is voluntary.

Thank you for applying to Adopt a Cemetery!

FRIENDS of the Blue Ridge Parkway
Please contact FRIENDS if you have questions
800-228-7275 Staff@FriendsBRP.org