



**“Your Neighborhood Park” Volunteer Tool Wagon  
Project Description Form**

NAME OF COMMUNITY GROUP: \_\_\_\_\_

IN WHAT PARK / AREA IS YOUR PROJECT LOCATED? \_\_\_\_\_  
*(Must be city-owned property.)*

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Give a brief description of your project including the estimated number of volunteers.

*Additional information may be included as an attachment.*

**NOTE:** You will be required to complete the “Tool Wagon Inventory Sheet” at check out and check in of the Tool Wagon. You will be responsible for the replacement of any lost or damaged tools (beyond normal wear and tear).

Request submitted on: \_\_\_\_\_

Springfield Parks Foundation will respond to this request within 3 days after receiving it.  
Contact Doug Reynolds, at 217-553-1329 or [f16ratt@mac.com](mailto:f16ratt@mac.com) with questions.