

## PARKS & TRAILS VOLUNTEER APPLICATION

### Personal Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Over age of 18?  Yes  No  
 Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

### Please check ALL areas you are interested in volunteering:

- Volunteer Ranger                       \*Bike Patrol                       \*\*Mounted Patrol (equestrian)  
 Jack's Pond Nature Center                       Outreach (schools, library, education, etc.)  
 Projects (trail maintenance, repairs)                       Special Events/Programs (Trails Day, monthly hikes, etc.)

\*Bike Patrol Volunteers must provide their own bike and equipment

\*\*Mounted Patrol Volunteers must own horse/equipment, provide required information about the horse, and pass assessment.

### Reason for volunteering:

- Help preserve the park resources and safety of visitors                       Personal Fulfillment  
 Help maintain the trail system and safety of users                       Love of Outdoors / Stay Active

### Which days/hours are you likely to be available and would prefer to volunteer:

*Note: Volunteers are asked to be available for 2-4 shifts per month*

- |                                    |               |                 |               |                                    |
|------------------------------------|---------------|-----------------|---------------|------------------------------------|
| <input type="checkbox"/> Monday    | _____ morning | _____ afternoon | _____ evening | <input type="checkbox"/> as needed |
| <input type="checkbox"/> Tuesday   | _____ morning | _____ afternoon | _____ evening | <input type="checkbox"/> as needed |
| <input type="checkbox"/> Wednesday | _____ morning | _____ afternoon | _____ evening | <input type="checkbox"/> as needed |
| <input type="checkbox"/> Thursday  | _____ morning | _____ afternoon | _____ evening | <input type="checkbox"/> as needed |
| <input type="checkbox"/> Friday    | _____ morning | _____ afternoon | _____ evening | <input type="checkbox"/> as needed |
| <input type="checkbox"/> Saturday  | _____ morning | _____ afternoon | _____ evening | <input type="checkbox"/> as needed |
| <input type="checkbox"/> Sunday    | _____ morning | _____ afternoon | _____ evening | <input type="checkbox"/> as needed |

### Please check/list credentials you currently possess:

- CPR     First Aid     Valid Driver's License     Other \_\_\_\_\_

