

MIDTOWN GREENWAY COALITION TRAIL WATCH VOLUNTEER WAIVER



Thank you for your interest in Trail Watch! Please print clearly!

NAME: _____

DATE OF BIRTH (M/D/Y): _____ / _____ / _____

TELEPHONE: (HOME): _____

(WORK): _____

(CELL): _____

EMAIL: _____

ADDRESS: _____ APT # : _____

CITY: _____ STATE: _____ ZIP: _____

Would you like to be added to a Trail Watch email list? If so, please check the day(s) you'd like to receive updates on:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

1. How did you learn about the Midtown Greenway Coalition Trail Watch Program?

2. Why are you interested in volunteering to be a Trail Watcher?

3. How long have you lived and/or worked in the neighborhood and/or used the Midtown Greenway?

4. Please list any specialized training that you have had that would benefit the Trail Watchers (first aid, self defense, CPR, foreign languages, sign language, conflict resolution, etc.):

5. Have you ever been convicted of a crime? No Yes If yes, please explain:

REFERENCES

1. NAME: _____

EMAIL ADDRESS / PHONE #: _____

RELATIONSHIP: _____

2. NAME: _____

EMAIL ADDRESS / PHONE #: _____

RELATIONSHIP: _____

EMERGENCY CONTACT

NAME / RELATIONSHIP : _____

ADDRESS: _____

PHONE #: _____

MEDICAL HISTORY

Do you have any medical or psychiatric conditions or allergies that you would like us to know about?
No Yes If yes, please explain:

WAIVER

As a volunteer for the Midtown Greenway Coalition's Trail Watch Program I, _____ agree to hold harmless the Midtown Greenway Coalition and Community Crime Prevention / SAFE Unit of the Minneapolis Police Department for any injury, loss of or damage to property and/or other accident which may occur while on patrol. I recognize that Trail Watch is a volunteer activity and I assume all risk of injury to myself or to others. I have read, understand and agree to abide by the Trail Watch guidelines; failure to adhere to established Trail Watch guidelines are grounds for dismissal from participation. I understand that insufficient information is a basis for further review by the Midtown Greenway Coalition Staff.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____