

MIDTOWN GREENWAY COALITION SCHEDULED TRAIL WATCHER VOLUNTEER APPLICATION



Please Print or Type

NAME: _____
DATE OF BIRTH (M/D/Y): ____/____/____ SEX: MALE FEMALE
TELEPHONE: (HOME): _____ (WORK): _____
FAX: _____
CELLULAR TELEPHONE: _____
EMAIL: _____
ADDRESS: _____
ADDRESS: _____ APT. # : _____
CITY: _____ STATE: _____ ZIP: _____

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

2. How did you learn about the Midtown Greenway Coalition Trail Watchers?

3. Why do you wish to be a Trail Watcher?

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

5. 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.):

CHARACTER REFERENCES (cannot be relatives or members of same household):

1. Name: _____
Address: _____ Relationship (landlord, manager, employer, etc.): _____

Telephone: _____

2. Name: _____
Address: _____ Relationship (landlord, manager, employer, etc.): _____

Telephone: _____

EMERGENCY CONTACT:

Name: _____
Address: _____ Relationship (landlord, manager, employer, etc.): _____
Telephone: _____

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:

IS THERE ANYTHING ELSE THAT YOU WOULD LIKE US TO KNOW ABOUT YOU?

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 the 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. Insufficient information and/or inability to contact references are a basis for further review by the Midtown Greenway Coalition Staff.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

OFFICE USE ONLY

Application received (M/D/Y): _____/_____/_____

Orientation completed (M/D/Y): _____/_____/_____

Trainer: _____

Please return completed applications to:

Nate Kerr
Midtown Greenway Coalition
2834 10th Avenue South
Greenway Level, Suite 2
Minneapolis, MN 55407