

## **Trail Sentinel Program Volunteer Application**



FIRST NAME:	LAST NAME:	
STREET ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:	WORK PHONE:	
Do you currently own a cell phone?  Are you willing to use your personal cell	phone while on duty?	Yes No No
CELL PHONE NUMBER:		
EMAIL:		
EMERGENCY CONTACT: NAME:	RELATIONSHIP:	
DAYTIME PHONE:	EVENING PHONE:	
The Friends of Madison County Parks and Trails certain basic items for each Trail Sentinel. Unle be returned if you are no longer able to voluntee	ess purchased, these items be	
Basic bike repair tool kit	t (\$40) Basic first aid ki	t (\$35)
Trail sentinel helmet cov	ver (\$10) Trail sentinel ver	st (\$30)
Would you be interested in purchasing any of th	nese items, or supplying your	own? Yes No
The Friends of Madison County Parks and Trails provide the following basic training required to Program. Would you be interested in making a cfuture training? This training includes:	prepare for the Trail Sentine	1
First aid (\$35)	Basic bicycle rep	pair training (\$5)
CPR (\$35)	Bicycle safety &	c patrol training (\$10)
I understand the objectives and requive would like to participate:	rements of the Trail So	entinel Program, and
Signature	Date	e