

MIDTOWN GREENWAY COALITION TRAIL WATCH and BUDDY UP VOLUNTEER WAIVER



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:

TRAIL WATCH:

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

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.):

EMERGENCY CONTACT:

Name/Relationship: _____

Address: _____

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:

BUDDY UP:

***Please provide the name of two individuals in the Buddy Up program that can vouch for you, OR two character references, OR one voucher and one character reference.*

VOUCHING INDIVIDUALS (must be on record as part of Buddy Up program):

- 1. Name: _____
- 2. Name: _____

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

1. Name/Relationship: _____
 Address: _____

 Telephone: _____

2. Name/Relationship: _____
 Address: _____

 Telephone: _____

WAIVER

As a volunteer for the Midtown Greenway Coalition’s Trail Watch Program and/or Buddy-Up 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 and/or Buddy Up is a volunteer activity and I assume all risk of injury to myself or to others.

(Trail Watch only): 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:

Lauren Fulner
 Midtown Greenway Coalition
 2834 10th Avenue South
 Greenway Level, Suite 2
 Minneapolis, MN 55407