

MIDTOWN GREENWAY COALITION TRAIL WATCH and BUDDY UP VOLUNTEER WAIVER



Please Print or Type

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

I am interested in (check all that apply):

Trail Watch rides Buddy Up! Spoke Card

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 would you like 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:

To be signed by person issuing the spokes card.

I verify that I have checked the identification of the person to which this numbered spoke card has been issued

Sign: _____ Date: _____ Card # Issued: _____

Name Printed: _____

Personal References

To be signed by two people from outside your immediate family / residence.

Name: _____ Phone: _____

Address: _____

Relation: _____

Sign: _____

Name: _____ Phone: _____

Address: _____

Relation: _____

Sign: _____

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:

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