

## **Lino Lakes Trail Watch Application**

Name				
Address	City	State		Zip
Phone (Home)		_(Cell)		
E-mail		Birth Date (Volunteers mu	ıst be	16 years old to apply)
Emergency Contact			_Phon	ne
Relationship to volunteer	·			
Are you trained in CPR?	Yes No First A	Aid? Yes□ No [		
Please name the trail(s) y	- •			
To become an official Li membership application, activity in the Lino Lake a positive steward of all of	attend required meetings s Trails area, report suspi	and trainings, call cious observations	911 if to app	f I witness any illegal propriate personnel, be
Signature				Date

Please submit application to: trailwatch@linolakes.us