



Lino Lakes Trail Watch Application

Name _____

Address _____ City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____

E-mail _____ Birth Date _____
(Volunteers must be 16 years old to apply)

Emergency Contact _____ Phone _____

Relationship to volunteer _____

Are you trained in CPR? Yes No First Aid? Yes No

Please name the trail(s) you use most frequently:

To become an official Lino Lakes Trail Watch member, I understand I must submit a membership application, attend required meetings and trainings, call 911 if I witness any illegal activity in the Lino Lakes Trails area, report suspicious observations to appropriate personnel, be a positive steward of all causes associated with Lino Lakes Trails and be willing to get involved.

Signature _____ Date _____