



EASTERN TRAIL AMBASSADOR

Name: _____

Address: _____

Phone: _____ (best number to contact you at)

Email: _____

If under the age of 18, please indicate age: _____

Emergency Contact Name and Number: _____

Are there any allergies or health concerns we should be aware of?
Yes No If yes, please discuss with Nancy Borg.

Are you interested in learning about bike repair? Yes No

Are you interested in other volunteer opportunities with the ETA?
Yes No

When would you be able to begin? _____

What is your favorite part of the trail?

Is that the location you would like to cover? Yes No

Please review volunteer waiver form on opposite side of page.



Volunteer Waiver for Eastern Trail Alliance Ambassador Program

I recognize that participating, as a volunteer ambassador and/or at an event associated with it is a potentially hazardous activity. I agree to abide by any decision of the ETA main office of my ability to participate. I assume all risks associated with volunteering, included, but not limited to, falls, contact with other volunteers and participants, the effects of weather including high heat or humidity, rain, cold, traffic; and the conditions of the trail, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my volunteer involvement, I, for myself and anyone entitled to act on my behalf, waive and release the Eastern Trail Alliance, and will hold them harmless from all claims or liabilities of any kind arising out of my participation in this program. I grant permission to all of the foregoing to use any photographs from this program for any legitimate purpose. I understand that I must be 18 or older in order to volunteer on my own or I will have an adult with me.

Name: (please print) _____

Signature: _____

Date: _____