



# Whitefish Trail Volunteer Application



Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Volunteer Area of Interest:

- Trail Patrol
- Trail Crew
- Office Support
- Event Volunteer
- Other: \_\_\_\_\_

Are you currently certified in any of the following? CPR \_\_\_\_\_ 1<sup>st</sup> Aid \_\_\_\_\_

Last 4 digits of Social Security number: \_\_\_\_\_ *\*\*By leaving this field blank you are waiving your right to Workers Compensation coverage as a City of Whitefish volunteer*

I assume all risks and hazards incidental to the conduct of the work on the Whitefish Trail. Further I hereby release, absolve indemnify and hold harmless the City of Whitefish, Whitefish Legacy Partners, employees and any or all of them for any injuries I may sustain as a participant in these activities. Volunteers are involved at their own risk. Further I hereby grant authority to a qualified doctor to render such treatment as deemed necessary under the circumstances.

- I do NOT give permission for any photos taken of me to be used by The City of Whitefish or Whitefish Legacy Partners on their websites, Facebook, etc.

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_  
Volunteer

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_  
Parent or Guardian if under 18 years of age



# Whitefish Trail & City of Whitefish Volunteer Programs Trail Patrol, Trail Ambassadors, and Trail Crew



## Purpose

*Provide volunteers with the opportunity to actively participate and contribute to the Whitefish Trail.*

## Role

*Volunteers donate their time working with staff, contractors, and other volunteers. Their roles range from basic trail construction and maintenance to patrolling the trail on bikes and foot to provide assistance and information to trail users.*

## Support the Whitefish Trail: Make an In-Kind Donation of Your Time

### **Your Time**

Each hour of volunteer time helps us reach our matching grants: \$20 is awarded for each hour that you pitch in! Your role is essential in helping us open more trail each year.

### **What to Wear**

Volunteers should dress appropriately for the conditions and performance of their duties. No open-toed shoes or sandals, please. Volunteers should bring their own water, work gloves, hats and sunglasses.

### **Use of Equipment and Materials**

Volunteers will be provided with equipment and materials necessary to fulfill their volunteer duties. Hard hats and ear plugs will be provided as necessary.

### **Youth Volunteers**

School groups regularly participate in trail work and we appreciate their help and enthusiasm.

### **Accident Reports**

Volunteers must report all accidents and injuries to their supervisors at the time of the event. An accident form must be completed and submitted to the Program Director within 24 hours of the injury. The volunteer may seek medical attention from a provider of their choice.

## Important Contacts

Whitefish Parks and Recreation	(406) 862-2470
Whitefish Police Department (non-emergency)	(406) 863-2420
Whitefish Fire Department (non-emergency)	(406) 863-2480
Emergency Services	9-1-1
Flathead County Sheriff Department	(406) 758-5585
Whitefish Legacy Partners	(406) 862-3880