

Island Trails Volunteer Application

Full Name: _____

Address: _____

City: _____ **Postal Code:** _____

Phone #'s (Home) _____ (Work) _____ (Cell) _____

Email: _____

Working : Full time: _____ Part time: _____ Retired: _____

Availability: AM: _____ PM: _____ Evenings: _____ Weekdays: _____ Weekends: _____

Age: (optional) _____

Trail Event Volunteers assist in hosting and/or planning cycling or hiking events on the trails.

Hiking Trail Volunteers assist with clearing new trails and/or may act as leaders for public walks through such trails.

Board Volunteers represent an organization, bring a particular skill to the organization or represent a geographical area.

Volunteer Interest:

Events: _____ Hiking Trails: _____ Board member: _____

Two References Required:

Name: _____ Position: _____

Mailing Address:

Island Trails PO Box 265 Charlottetown, PE C1A 7K4

Telephone: 902-894-7535 Fax: 628-6331

Email: info@islandtrails.