Matanuska-Susitna Borough
TRAIL CARE PROGRAM
VOLUNTEER APPLICATION

ORGANIZATION NAME: ______________________________________________________

Type of Organization:
___ Business Corporation ___ Nonprofit Association
___ Nonprofit Corporation ___ Other - ____________________________

CONTACT INFORMATION:
Name: _______________________________________________________________________
Address: _____________________________________________________________________
City: _____________________________________ State: _____________________________
Postal/Zip Code: ____________________ Telephone Number: _________________________
E-Mail Address: ____________________________________

TRAIL:
1st Choice _____________________________________________________________________
2nd Choice ____________________________________________________________________
3rd Choice_____________________________________________________________________

TRAIL WORK SCHEDULE:
Describe when and or how often your organization can care for your adopted trail.

EQUIPMENT & RESOURCES:
Describe the number of volunteers, equipment, and other resources your organization can provide.

Mail or fax to:
Matanuska Susitna Borough
Community Development Department
350 E. Dahlia Avenue
Palmer, Alaska 99645
Attention: Trails Coordinator