

**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*

*Phone 907-745-9867
Fax 907-745-9635*