



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 the Ambassador Coordinator.

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

Any questions, or other information you would like to provide?