



CITY OF MORENO VALLEY
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 Moreno Valley, CA 92552
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ADOPT-A-TRAIL VOLUNTEER APPLICATION

NAME:	LAST:	FIRST:	MI:
ADDRESS:	CITY:	STATE:	ZIP:
HOME PHONE:	WORK PHONE:	CELL PHONE:	
E-MAIL:	DATE OF BIRTH:		
IN CASE OF EMERGENCY, CONTACT:			EMERGENCY PHONE:
ORGANIZATION AFFILIATIONS (SERVICE CLUB, CHURCH, ETC)			
I AM ADOPTING A TRAIL AS AN:	INDIVIDUAL:	ORGANIZATION:	NON-PROFIT:
HOW DID YOU HEAR ABOUT THE ADOPT-A-TRAIL PROGRAM?			

I CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE.

 DATE SIGNATURE IF UNDER 18, SIGNATURE OF PARENT/GUARDIAN*

**Please note, if you are under 18, an adult must supervise you or your group for your Adopt-A-Trail project.*

 Trail referred to: _____ Date: _____

Date volunteer notified: _____ () Phone () Mail () E-mail

Comments: _____
