Adopt-A-Trail Program Volunteer Agreement

Thank you for your commitment to volunteer your services to the Green Mountain Audubon Center. Audubon Vermont greatly appreciates the time and skills you bring to this volunteer work. Please read and complete the sections below.

1. I, ___________________________, (Adopter __ Co-Adopter__) agree to adopt the following trail section and agree to provide services to Audubon Vermont on a volunteer basis. I understand that I will not be paid for any of the work I perform. I also understand that as a volunteer, I will not be covered by Audubon Vermont’s Workers Compensation Insurance.

Trail/Trail Section: ______________________

I accept the following responsibilities of a trail adopter as my commitment to assist the Green Mountain Audubon Center in maintaining the local trails to a high and consistent standard.

1. Training
   a. Review the Adopter Handbook and additional resources for information, basic instruction and standards of trail work.
   b. Review and sign off on Trail Safety Protocols
   c. Adopters must attend mandatory Skills Training before starting work on their adopted trail.
   d. After a few months of participation, adopters will attend an Invasive Species Identification and Removal training.

2. Maintenance

3. Work Visits & Reporting
   a. Conduct a trail inspection 1/month and trail work 1/season.
   b. Submit a Trail Report Form to the Jacob Crawford (jacob.crawford@audubon.org) immediately after a work visit at your trail. (Available in print or online at https://act.audubon.org/a/trail-report)
   c. Friends and family are allowed to accompany you on trail visits. A trained Adopter or Co-Adopter must be present on trips and provide instruction and supervision. As an Adopter, you are taking responsibility for properly training and monitoring other participants in your group.

4. Safety & Stewardship
   a. Follow all safety procedures and precautions as outlined in the Adopter Handbook.
   b. Leave an area better than you found it- pick up any litter you see, pick up tools, alert the Area Manager to any greater disturbances or maintenance needs.
2. I, _________________________, authorize Audubon Vermont to contact the following person(s) in case of an emergency:
   a. ______________________________ (contact person)
   b. ______________________________ (physician)
   c. ______________________________ (other)

Thank you for joining the Audubon Vermont Adopt-A-Trail Program!
Adopter Information
Street # ___________________________ Email ________________________________
City ___________ Primary Phone # ___________________
State_________ Zip Code___________ Secondary Phone # ___________________

________________________________________________________________________
Adopter Signature ___________________________ Date __________________________
________________________________________________________________________
Program Coordinator ___________________________ Date __________________________