

# Florida Recreational Trails Program Committee

## Application for Membership

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Primary Trail Interest: (please select only one)

- Equestrian
- Motorcycling
- All-terrain vehicles (ATV)
- Off-highway vehicles (OHV)
- Canoeing/Kayaking
- Hiking
- Bicycling

### GETTING TO KNOW YOU

How long have you been a Florida resident?

Have you ever served on an advisory body? If yes, please identify the advisory body and your responsibilities as a member.

Please summarize your interests and involvement with your primary trail activity.

Please list the number of years experience relating to both personal participation and active affiliation with clubs and organizations associated with your activity.

Please list other trail and outdoor related pursuits you participate in regularly.

Please identify your current organizational memberships.

Identify any leadership roles you hold or have held in the past. (i.e., civic, environmental, professional, etc.)

Explain your perception of diverse trails (i.e., multiple-use) concerning motorized and non-motorized use.

What are some compatible uses of diverse use trails? (Example: Hiking and bicycling)

What role should the Florida Recreational Trails Program committee play in the state Recreational Trails Program?

Are you willing to commit your time and expertise to the review of Recreational Trails Program grant applications?

*Time requirements involve approximately 2 ½ days travel or 1-day electronic attendance, once a year in January or February, to review grant applications. And, 1 ½ days travel or ½ day electronic attendance, once a year in the fall/winter to participate in review of applications. Additional time to prepare for meetings is required. RTP reimburses travel expenses.*

- Yes
- No

Please identify your areas of expertise and how they relate to recreational trail use.

Within the space provided, please indicate why you wish to become a member of the Florida Recreational Trails Program committee.