

Paradise Paddlers & Pedalers

FLORIDA KEYS OVERSEAS HERITAGE TRAIL
PADDLING & PEDALING CLUB
c/o OFFICE OF GREENWAYS & TRAILS
3 LA CROIX CT. KEY LARGO, FL 33037

Membership Application

Dues are a \$10 donation per family per year which goes towards the Florida Keys Overseas Heritage Trail (FKOHT). New members may send in dues any time. Renewals are appreciated annually in January. Please make check payable to "OGT Foundation" or attach cash. A Waiver/Release Statement is on the back. Fill in all information, print out, and send to address above. For more information, contact Monica Woll at 305-853-3571 or monica.woll@dep.state.fl.us

Membership is (Circle one): NEW / RENEWAL Today's Date: _____

Name: _____

Address: _____
Street City State Zip

Telephone: _____ Cell Phone: _____

Email: (please print clearly) _____ *

*we communicate mostly by email – please check here if you would like mail/phone notification _____

List family members: _____

Do you own a bike? Y/N Kayak or canoe? Y/N

Circle all that you are interested in:

Attending Biking events
Planning bike/kayak events
Exotic plant removal
Volunteering with cleanups

Attending Paddling events
Adopting a Bridge or Mile
Planting native vegetation
Writing for newsletter

What else are you interested in or would like to see happen on the FKOHT?

What you get for your membership:

- Fun & Fitness!
- Notification of trail events and volunteer days
- T-shirts for volunteering (after 40 hrs)
- Trail merchandise (such as water bottles) at events
- Super volunteers can earn State Park passes!

Office of Greenways and Trails
State of Florida Department of Environmental Protection
Trail work Volunteer Service Agreement

Name: _____

Address: _____

city/state/zip: _____

Phone: _____ Email: _____

Your contact information will be used by OGT and volunteers who assist in tracking volunteer hours; your email address may be used by DEP or other governmental entities to disseminate information that may be of interest to you.

If you DO NOT want your email address included for future distributions, please check here: []

Date of birth: _____

Drivers License number and state (if driving state vehicle): _____

Is volunteer a minor? yes no

Does volunteer have any medical conditions which might be aggravated by performance of trail work? yes no

If yes please explain: _____

Emergency contact name: _____

Phone: _____

Trail type (circle one): hiking biking paddling equestrian rail trail

Club affiliation: _____

Terms and conditions: A volunteer is not considered an employee of the State of Florida. Volunteer hours may be applied towards community service credits or as work experience when applying for a state position. A volunteer is covered by state liability protection in accordance with the definition of a volunteer and the provisions of Section 768.28, Florida Statutes, and by workers' compensation in accordance with Chapter 440, Florida Statutes. No other benefits or collective bargaining agreements shall apply. A volunteer shall comply with all applicable department rules. This agreement may be cancelled at any time following notice by either party. Upon termination of this agreement, all uniforms, ID cards, and other property supplied by the Office of Greenways and Trails shall be returned. By signing this agreement, I hereby agree to the terms and conditions cited herein and authorize the Office of Greenways and Trails to conduct a criminal history background check on me at any time during my service as a volunteer.

Signature of Volunteer / Date

Signature of Volunteer / Date

Signature of Guardian if volunteer is a minor / Date