AMC-CONNECTICUT CHAPTER A.T. COMMITTEE
WORK PARTY LEADER QUALIFICATION FORM

NAME_____

ADDRESS_____
_____
_____

E-MAIL_____
HOME PHONE_____
WORK PHONE_____
AMC MEMBER #_____expires_____

CO-LED WORKPARTY ON _____WITH LEADER_____
CO-LED WORKPARTY ON _____WITH LEADER_____

1. A. Successfully completed AMC CT Chapter Leadership School or Leadership Training Session (date)_____

OR

B. Successfully completed AMC CT Chapter AT Committee Workparty Leadership Workshop (date)_____

2. Complete 1 of the following:

A. Have experience as a work party leader with another recognized trail maintenance organization (name of organization)_____

AND

Obtain the sponsorship of at least three CT Chapter workparty leaders

Signature_____

Signature_____

Signature_____

OR

B. Successfully complete at least one trails skills workshop (e.g. griphoist, chainsaw, wilderness first aid, etc.) sponsored by AMC, ADK, GMC, ATC, CFPA, or other recognized trail maintaining organization (list course and date)_____
_____

3. Within 1 year of completing the above requirements, take the NPS "TrailSafe" operational awareness on-line course.

send completed form to: Dave Boone
370 Gilead Street
Hebron,CT 06248

Revised 10-22-23