



Morning Star Trails Planning



Morning Star Trail Planning Committee Application Form

Name: _____
Address: _____
City: _____
Zip Code: _____

Phone: _____
Email: _____

1. How are you connected to Morning Star Conservation Area?

Recreationist Neighbor Other (please list) _____

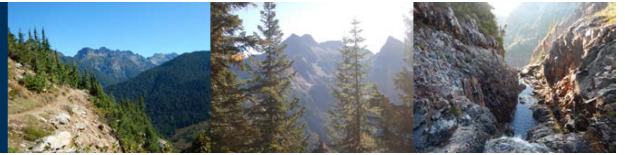
2. List the clubs/groups you are affiliated with that have an interest in the Morning Star Conservation Area (i.e. user groups, conservation group):

3. What parts of the conservation area do you most frequently visit? (List trails and areas most commonly used) _____

4. What are your greatest concerns for the Morning Star Conservation Area?



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5. Are you able to attend up to eight committee meetings? Yes No Don't know
(likely scheduled on weekday evenings)

6. What skills and expertise would you bring to the trail planning committee?
(i.e. outreach, communication skills, local knowledge,)

7. Why do you want to be a member of the recreation planning committee?

8. Please supply the names and contact information for 2-3 references?

Additional comments:

Signature: _____

Date: _____

Please Return by Jan. 15, 2017 to:

Department of Natural Resources
Northwest Region Attn: David Way
919 N Township St
Sedro Woolley, WA 98284-9384
FAX: 360-856-2150
Email: david.way@dnr.wa.gov