

ARKANSAS TRAIL VOLUNTEER OF THE YEAR NOMINATION FORM

Name of Nominee: _____

Group/Organization: _____

Address: _____ Telephone: _____

_____ E-mail Address: _____

The volunteer's efforts on Arkansas trails: List examples of work projects, specifying volunteer's role. (Include information such as: number of hours volunteered, number of trails on which the volunteer has worked, number of years the volunteer has been involved in volunteer trail efforts.) _____

His/Her efforts at coalition building: (Explain partnerships formed with user groups, agencies and organizations.) _____

Significant trail accomplishments: _____

Accomplishments in promotion and education related to trails in Arkansas: _____

Name of person/organization making nomination: _____

Telephone/E-mail (preferred method of contact): _____

Additional letters of reference are welcome.

Submit nominations to Mike Sprague, One Capitol Mall, Little Rock, AR 72201 or as an email attachment to michael.sprague@arkansas.gov.