



29 Elk Street  
Albany, NY 12207  
518-434-1583  
www.ptny.org

**UTAP Certified Coordinator Training**  
**July 15-16, 2008**  
**Accessible Parks & Trails**  
**Gilbert Lake State Park, Laurens, NY**

**APPLICATION INFORMATION:**

Name: \_\_\_\_\_ Company or Organization Affiliations: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
Home: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Work: \_\_\_\_\_ email: \_\_\_\_\_

**Specific Needs:**

Sign Language Interpreter     Hearing assistance device (provided by us)  
Dietary restrictions: \_\_\_\_\_  
Physical limitations or other restrictions: \_\_\_\_\_  
\_\_\_\_\_

Do you require financial assistance with lodging costs in order to attend this training? Please explain your needs, as limited scholarship funding may be available. (Financial need will not count against you in the selection process.)

\_\_\_\_\_  
\_\_\_\_\_

**Program Interest:**

I plan to use the skills gained in this training:  
 in my job    for volunteer work    Other \_\_\_\_\_

Please describe your goals or any past experiences which demonstrate why you should be selected to participate in this free training:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If you need additional room please attach a sheet).

**Accommodations for Tuesday, July 15, 2008:**

- I do not need a room reserved by Parks & Trails New York. I will make my own arrangements for lodging at my own expense.
- I will need a room reserved by Parks & Trails New York at the Super 8 Motel in Oneonta. I will be responsible for all charges for lodging.
- I will need a room reserved by Parks & Trails New York at the Super 8 Motel in Oneonta. I need financial assistance to cover the cost of lodging.

*I prefer:*  Non-smoking room  Smoking room  Accessible room.

**Trails Evaluation:**

Which trails listed on our Parks & Trails New York Trail Finder Maps, <http://www.ptny.org/greenways/maps.shtml>, would you be interested in evaluating?

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List any other trails that you would be interested in evaluating:

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Would you be willing to organize other individuals to participate in the assessment of trails in your region?  
 Yes  No

Would you be willing to evaluate more than 3 miles of trails for Parks & Trails New York?  
(Assessment of one mile of trail requires 3-5 hours, depending on the nature of the trail.)  
 Yes  No  Possibly

Would you be willing to evaluate trails outside of your region?  
 Yes  No If yes, where?

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If you were not selected for this training, would you like to be notified of future training sessions that may be offered?  Yes  No

***If chosen for this training, I commit to assess at least 3 miles of trail selected from the Parks & Trails New York Trail Finder Maps using the UTAP process.***

**Commitment signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fax (518-427-0067) or mail your application to Parks & Trails New York, 29 Elk Street, Albany, NY 12207. Applications must be postmarked by May 30, 2008. Selections will be announced on June 10, 2008 and posted on the Parks & Trails New York website. Selected participants will be notified by phone and / or email in order to confirm participation.**

**Thank you for your time and interest in making parks and trails in New York more accessible to all**