

VAST Safety Ambassador Team Member Application



If you are interested in applying to be a VAST Safety Ambassador Team Member this coming winter, please fill out this form and return it to Cindy Locke at cindy@vtvast.org.

ABOUT THE PROGRAM

The VAST Ambassador Safety Team Program (VASTP) is a two-part approach. First is to offer assistance when needed on our trail system. Secondly team members will be assisting clubs by identifying trail hazards, missing signs, etc. Ambassadors are made up of individuals from around Vermont with a love of riding in our state and a knowledge of snowmobiling, our club system and safe riding.

Anyone can be an VAP Ambassador, as long as they are accepted into the program, complete an annual orientation that will include information on snowmobile safety, zero alcohol tolerance policies, familiarity with the VAST trail map, trail phone application, website trail map and our Vermont Snowmobile Travelers Guide. VAST has the right to limit the VSATP each year statewide.

VSATP members may be contacted for general questions about riding in their area, or even be asked to take a group around to show them a trail network near them. All VSATP members need to have a snowmobile in good working order and legal to ride that is registered and insured. For all VSATP members that are accepted into the program they will be given one Volunteer TMA per year (and club and county dues paid by VAST) for their sled, a safety vest to wear and tools and signs to carry.

VSATP members should possess an outgoing personality and positive attitude about riding in Vermont. They should be prepared to not only talk about their own club and trails but be willing to positively promote other clubs and regions in Vermont. When acting as a VSATP members and wearing your safety vest, you must follow all Vermont laws, including not drinking and snowmobiling, riding in a reasonable and prudent manner, help with assistance when it is needed, sign a code of ethics agreement and fill out monthly log sheets and return them to VAST when you ride with your vest on.

Name: _____

Address: _____

Phone: _____ Email: _____

Current Club: _____

County of Club: _____

Areas you generally ride (by county): _____

Other areas you may ride in a few times a year (by county): _____

Any special training you may have: _____