



TEXAS MOTORIZED TRAILS COALITION Skills Survey

PROGRAM MISSION: The Texas Motorized Trails Coalition fosters education and understanding to enhance the opportunity for OHV activity throughout the state of Texas by providing resources, networking opportunities, education and advocacy.

TMTC is interested in learning more about the skills and expertise of our members. We also want to know if you are willing to share those skills with others.

Instructions:

(1) Check **YES** or **NO** in the **SKILLS** column if you have knowledge, experience or expertise in the areas listed.

(2) Check **YES** or **NO** in the **CONTACT ME** column if you are willing to share your skill as a speaker, facilitator and/or consultant.

Name: _____

Mailing _____

Address: _____

City/State/Zip: _____

Phone Number: _____

E-Mail: _____

Skill Description	Skill	Contact Me
Recreation Advocacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
User Education	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tread Lightly!	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ATV Safety Education	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trail Design and Construction Speciality _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Skills Survey

Name: _____

Heavy Equipment Operation Type _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility Design Speciality _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility Construction Speciality _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grants Specialty _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Website Development Speciality _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communications Speciality _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Promotions Speciality _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Speciality _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No