

# Volunteer Application



## Contact Information

---

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone\* \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

*\*By providing your mobile phone number, PCTA has your permission to contact you at that number. You may contact PCTA at any time to change this preference.*

Email \_\_\_\_\_

Birth Date\*\* \_\_\_\_\_ Gender\*\* \_\_\_\_\_ Race / Ethnicity\*\* \_\_\_\_\_

*\*\*PCTA collects volunteer demographics to ensure our programs are reaching a diverse population. This information is confidential. It is only used for the purpose of demographic calculations, and nothing else.*

## Dietary and Medical Information *(All information will be kept confidential)*

---

List any medical information the crew leader and/or emergency personnel would need to be aware of in an emergency situation. If none, please write none. **This information is kept confidential and only used by the crew leader and first aid lead in the event it is needed.**

Medical conditions \_\_\_\_\_

Daily medications \_\_\_\_\_

Allergies (food-related allergies should also be listed below under dietary needs) \_\_\_\_\_

**Dietary needs** (Restrictions or food allergies that crew leaders should consider in meal planning. We do our best to accommodate dietary needs, however, we may be unable to meet highly specialized requests. **If none, please write none.**)

**When you're doing trail work or other continuous physical activity, are you a:**

\_\_\_\_\_ Light eater                      \_\_\_\_\_ Average eater                      \_\_\_\_\_ Big eater

## Emergency Contact Information

---

Name \_\_\_\_\_ Relation \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## Other Information

---

What size of t-shirt do you wear? \_\_\_\_\_

How did you hear about our volunteer opportunities?

\_\_\_\_\_ PCTA Website                      \_\_\_\_\_ PCTA Recruiting / Booth Event                      \_\_\_\_\_ Local Newspaper / Radio  
\_\_\_\_\_ PCTA Email                      \_\_\_\_\_ Friend / Family Member                      \_\_\_\_\_ Other \_\_\_\_\_

**Continued on other side**

## Registration

---

Is there a volunteer project you would like to register for? Please include the project(s) name and dates here:

1. \_\_\_\_\_
2. \_\_\_\_\_

## Volunteer Interests and Experience

---

Where would you like to volunteer? (This might be on the trail, in an office, or at an event.)

- Southern California (Mexico border to Kennedy Meadows)
- Southern Sierra Nevada: Central California (Kennedy Meadows through Yosemite NP)
- Northern Sierra Nevada: Central and Northern California (Yosemite NP through Lassen NF)
- Big Bend: Northern California and Southern Oregon (Shasta Trinity NF to Windigo Pass)
- Columbia Cascades: Central Oregon and Southern Washington (Windigo Pass to White Pass)
- North Cascades: Central and Northern Washington (White Pass to Manning Park)

What volunteer positions interest you? (Check all that apply)

- Trail Maintainer
- Trail Crew Cook
- Trail Crew Leader
- Trail Scouting & Project Planning
- Office Administration / Events
- Packer (Do you have stock available for use?  Yes  No)
- Other \_\_\_\_\_

Do you have experience with any of the following? (Check all that apply)

- General Trail Maintenance
- New Trail Construction
- Rigging / Griphoist
- Trail Design
- Leading Crews or Groups
- GPS / Mapping

Briefly describe your hiking, camping, and backpacking experience.

Briefly describe your ability to use hand tools and perform arduous, manual labor.

Briefly describe any physical activities/sports that you participate in, including how often you engage in these activities.

What are you expecting from your volunteer experience with the Pacific Crest Trail Association?

Are there other skills you would like to volunteer or is there anything else you would like us to know about you?