

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

List medical information the crew leader and/or emergency personnel 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 as needed.

Medical conditions _____

Daily medications _____

Allergies (Food-related allergies should also be listed 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 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 _____

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v March 9, 2018

Registration

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

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: Central California (Kennedy Meadows through Yosemite National Park)
- ☐ Northern Sierra: Central and Northern California (Yosemite National Park through Lassen National Forest)
- ☐ Big Bend: Northern California and Southern Oregon (Shasta Trinity National Forest 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?

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Trail Maintainer | <input type="checkbox"/> Office Administration | <input type="checkbox"/> Events |
| <input type="checkbox"/> Trail Crew Cook | <input type="checkbox"/> Packer (Do you have stock | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Trail Crew Leader | available for use? <input type="checkbox"/> Yes <input type="checkbox"/> No) | _____ |

Do you have experience with any of the following?

- | | | |
|--|--|---|
| <input type="checkbox"/> General Trail Maintenance | <input type="checkbox"/> New Trail Construction | <input type="checkbox"/> Rigging/Gripchoist |
| <input type="checkbox"/> Trail Design | <input type="checkbox"/> Leading Crews or Groups | <input type="checkbox"/> 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 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?