**Trail Skills College Report Form**

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|  | **Course Name** |  |  | **Course Location***Include Agency Unit and District* |  |
|  | **Dates** |  |  |

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| **Student Roster** | **#** | **No Show** | **Full Name** | **Class Hours\****\*Include travel time that occurred during class*  | **Office Use** |
| **Day 1** | **Day 2** | **Travel Time****(To/From Event)** | **Total Hours** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |
| **16** |  |  |  |  |  |  |
| **17** |  |  |  |  |  |  |
| **18** |  |  |  |  |  |  |
| **19** |  |  |  |  |  |  |
| **20** |  |  |  |  |  |  |
|  | **Total Hours** |  |  |  |  |

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| **Instructors** | **#** | **First Name** | **Last Name** | Are you a **Volunteer(V), Agency Staff (A), Nonprofit Staff (N), or Other (O)?** | **Total Prep****Time***(Include travel to/from event)* | **Class Hours\****\*Include travel time that occurred during class*  | **Total Post Time** | **Total Hours** |
| **Day 1** | **Day 2** |
| **1** |  |  | **V A N O** |  |  |  |  |  |
| **2** |  |  | **V A N O** |  |  |  |  |  |
| **3** |  |  | **V A N O** |  |  |  |  |  |
| **4** |  |  | **V A N O** |  |  |  |  |  |
|  |  |  |  | **Total Hours** |  |  |  |  |  |

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| **Accomplishments** | **How many miles of trail did the students maintain?\*** *\*This includes log out, brushing, drainage maintenance, and minor tread repair.* | *(in tenths of miles)* |
| **How many feet of rehabilitation and/or reconstruction did the students complete?\*\*** *\*\*This includes redigging sloughed tread, drainage installation or reconstruction, rebuilding or realignment of tread, and removal of major obstructions. It refers to bringing the structure of the trail tread up to an appropriate standard.* | *(in feet)* |
| **Did the students complete any of the following major structures?**\_\_\_\_\_\_\_\_\_\_ Trailhead Kiosks (how many?)\_\_\_\_\_\_\_\_\_\_ Stone Cribbing/Rock wall (square footage of structure?)\_\_\_\_\_\_\_\_\_\_ Log Cribbing (square footage of structure?) | \_\_\_\_\_\_\_\_\_\_ Bridges over 20 ft long, 5 ft off the deck (how many?)\_\_\_\_\_\_\_\_\_\_ Puncheon (length in ft?)\_\_\_\_\_\_\_\_\_\_ Turnpike (length in ft?) |

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| **PCTA.jpgTrail Skills College Volunteer Sign-in Sheet** |  |
| * I understand that I will not receive any compensation for my service and that volunteers are NOT considered Federal employees for any purpose other than tort claims and injury compensation. I understand that volunteer service is not creditable for leave accrual or any other employee benefits.
* I understand that all photos, films, slides, videos, artistic or similar endeavors, resulting from my volunteer services as specifically stated in the Volunteer Services Agreement for Natural Resources Agencies, will become the property of the Pacific Crest Trail Association and the United States, and as such, will be in the public domain and not subject to copyright laws.
* I do hereby volunteer my services to assist in agency-authorized work. I agree to follow all applicable safety guidelines.
* I do hereby, for myself, my heirs, executors and administrators, release and forever discharge and hold harmless Pacific Crest Trail Association and all officers, directors, employees, agents and volunteers of the organization, including the owners and leasers of premises used to conduct the event acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from my participation in the event.
* California Department of Parks & Recreation (CDP&R) does not provide Workman's Compensation for work injuries. Volunteers are covered under the Federal agency that the easement is granted to from CDP&R, either the U.S. Forest Service or Bureau of Land Management.
* Volunteers under the age of 18 must have a parent or guardian complete and sign a separate Participant Waiver and Emergency Medical Release.

I understand the health and physical condition requirements for doing the work as described by the crew leader and at the project location, and certify that I know of no medical condition or physical limitation that may adversely affect my ability to provide this service. *If I do know of a medication, medical condition or physical limitation that may adversely affect my ability to provide this service, I have explained it to the crew leader and/or first aid lead.* |
| **Volunteer Name (please print)** | **Signature** | **Date** |
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