

**KEYSTONE TRAILS
ASSOCIATION
2018 TRAIL CREW
APPLICATION/REGISTRATION**

Return this form to the Trail Crew Leader(s) for each Trail Crew week that you can volunteer to work:
 Week #1, Mid State Trail, Everett Region: dhdunkle@gmail.com
 Week #2, Baker Trail: dewaine@gmail.com

Name: _____ Permanent Address: _____
 Email Address: _____
 Date of Birth: ____ / ____ / ____
 Telephone: _____ Mailing Address: _____
 Day: () ____ - ____
 Evening: () ____ - ____ Use this address until this date: _____
 Adult T-Shirt Size M L XL XXL

PROJECT WEEKS:

You may sign up for one or both weeks. Each work week will last from Tuesday evening (with volunteers arriving by 5:00 PM for an orientation session) through Sunday at 2:00 PM. Please check each week that you can volunteer to work.

Trail	Dates	Public Use Area	County	Region of State
<input type="checkbox"/> Mid State Trail, Everett Region	June 12 - 17	Buchanan State Forest	Bedford, Blair, & Huntingdon	Central PA
<input type="checkbox"/> Baker Trail	June 26 – July 1	Creek Bend Campgrounds	Armstrong	Western PA

1. Have you been involved in other trail maintenance projects? Yes No
 If yes, please list the following information.

Trail Organization	Year	Location	Type of Project

2. Please indicate if you have any prior experience in performing trail work.

Using a chain saw Using loppers for brush cutting
 Using a hand saw Painting trail blazes
 Using a power brush cutter Building bridges or structures
 Other trail related experience: _____

3. Do you have any special training (crew leadership, first aid, etc.) that we should know about:

4. If you have a choice of sleeping arrangements for this project, do you prefer to sleep indoors or at a campsite? (Some locations have outdoor sleeping only)

- Prefer to sleep indoors
- Prefer to sleep in a tent at a campsite

5. Which camping equipment do you already have?

- Tent
- Sleeping bag
- Foam or inflatable mattress

6. Do you have any special dietary needs or preferences?

7. What is your likely travel schedule? (Arrival time, departure time, dates)

Arrive on _____ at _____ AM PM

Depart on _____ at _____ AM PM

8. How did you learn about this project?

9. For your own safety, please complete the following:

In case of emergency, please contact:

Name: _____

Home Phone #: () _____ - _____

Work/Day Phone #: () _____ - _____

10. Do you have any medical conditions or allergies that the coordinator should be aware of in case of an emergency? (This is a voluntary request and will be confidential)