



Pacific Crest Trail Association Volunteer Profile

Crew Leader: Please send this form to the PCTA office along with the Project Report Form and Sign-in Sheet.

Contact Information

Name: _____
Street Address: _____
City/State: _____ Zip: _____
E-mail Address: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
What is your T-shirt size? _____

Interests and Experience

Which volunteer positions interest you? (Check all that apply)			
<input type="checkbox"/> Trail Maintainer	<input type="checkbox"/> Trail Crew Cook	<input type="checkbox"/> Assistant Cook	<input type="checkbox"/> Project Leader
<input type="checkbox"/> Scouting/Recon	<input type="checkbox"/> Planning/Agency Relations	<input type="checkbox"/> Packer	<input type="checkbox"/> Office/Event
Are you certified in any of the following areas? (Check all that apply)			
<input type="checkbox"/> Chainsaw	<input type="checkbox"/> Crosscut Saw	<input type="checkbox"/> CPR	<input type="checkbox"/> Basic First Aid
<input type="checkbox"/> Wilderness First Aid	<input type="checkbox"/> Wilderness Advanced First Aid	<input type="checkbox"/> Wilderness First Responder	
Do you have experience in any of the following areas? (Check all that apply)			
<input type="checkbox"/> Rigging/Gripchoist	<input type="checkbox"/> New Trail Construction	<input type="checkbox"/> Trail Design	<input type="checkbox"/> GPS/Mapping