



**TILLAMOOK STATE FOREST**  
**TRAIL PATROL**  
**VOLUNTEER APPLICATION**



**SECTION 1: APPLICANT INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Current CPR/First Aid Certifications:      YES      NO

Recreation Use (circle all that apply):

- 4x4      Motorcycle      ATV      Mountain Bike  
Horseback Rider      Hiker

**SECTION 2: EXPERIENCE & TRAINING**

*Please answer the following questions. Attach additional pages if necessary.*

- 1. Why are you interested in becoming involved with the Trail Patrol program?**
  
  
  
  
  
  
  
  
  
  
- 2. Describe your trail experience. (Types of use, skill level, years experience, etc..)**
  
  
  
  
  
  
  
  
  
  
- 3. Can you perform the basic Trail Patroller functions as listed in the position description?**

4. Describe your experience in working with the public / making public contacts.  
(Can be from non-trail experience such as work or school)

5. Explain why you feel it is necessary to inform and educate forest trail users.

6. Do you have any formal Search & Rescue training or experience? \_\_\_\_\_

Please list any formal training, describe experience, and provide contact information for references, include additional First Aid or EMT certifications.

7. How many days per month are you available to patrol? \_\_\_\_\_

What days of the week are you available? \_\_\_\_\_

**Certification and Signature**

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related process, whether made by me or by others at my request, will result in rejection of my application, denial of volunteer service, or dismissal from volunteer service if discovered after volunteer service begins.

- I certify that all statements contained herein are true and complete whether made by me or by others at my request.
- I authorize the State of Oregon to verify education and training information provided on this application.
- I authorize the State of Oregon to check my driving record if the position for which I am applying requires driving.
- I understand that this application is subject to a criminal violation and record check.
- I release the State of Oregon and all providers of information from any liability as a result of furnishing and receiving any information related to the State of Oregon's volunteer program hiring process.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Application To:**

**Stephanie Beall**  
**Oregon Department of Forestry**  
801 Gales Creek Road  
Forest Grove, OR 97116  
(503) 359-7464

**Office Use Only**

Received \_\_\_\_\_

Contacted \_\_\_\_\_

Action Taken \_\_\_\_\_