



GENERAL DESCRIPTION

The Tillamook State Forest Trail Patrol program provides a means for private citizens to act as Trail Ambassadors for their chosen form of trail recreation by working with the Oregon Department of Forestry to educate forest visitors, enhance visitor safety, and participate in maintaining quality recreation trail opportunities.

BASIC TRAIL PATROLLER ROLES & RESPONSIBILITIES

1. To work with the Oregon Department of Forestry to provide high quality recreation opportunities in the Tillamook State Forest.
2. To provide information about recreation opportunities and to promote responsible trail use on the Tillamook State Forest.
3. To assist Oregon Department of Forestry in providing a friendly and recognizable presence on trails and in facilities used by the public.
4. To assist Oregon Department of Forestry in monitoring the conditions of trails used by the public.
5. To provide a point of contact and initial response for the public in emergency situations such as accidents and medical emergencies.
6. To provide assistance to the Tillamook County Sheriff’s Office in Search and Rescue operations.

PATROLLER QUALIFICATIONS

1. 18 years old.
(16 years old acceptable with completion of all required patrol training and if accompanied by a parent/guardian who is also a member of the Trail Patrol.)
2. If operating a motorcycle or ATV - possesses a valid driver’s license *and* an ATV Operators Permit.
3. Operates responsibly and is able to safely negotiate trails rated “Difficult” and “Extreme”.
4. Completes and keeps current certifications for First Aid, CPR, and Blood Borne Pathogens.
5. Completes and keeps current all required Trail Patrol training.
6. Good working knowledge of the roads and trails in the Tillamook State Forest encompassed by patrol area.
7. Good working knowledge of State of Oregon Laws and Oregon Department of Forestry policies, rules, and regulations pertaining to forest recreation.
8. Able to walk over uneven terrain.
9. Able to lift at least 30 pounds.

TIME COMMITMENT

Trail Patrol Members are asked to:

- a. attend a monthly program meeting during which most training requirements are completed.
- b. complete and keep current all required training, requires attending some weekend sessions.
- c. put in three patrol days on state forest land each year.



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 _____