



EFRR Docent Trail Patrol Application (check one)

Contact Information

Name	
Street Address	
City ST ZIP	
Home Phone	
Mobile Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

What shift length are you available for?

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> 3 hours | <input type="checkbox"/> 6 hours |
| <input type="checkbox"/> 4 hours | <input type="checkbox"/> 7 hours |
| <input type="checkbox"/> 5 hours | <input type="checkbox"/> 8 hours |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or interests. Why would you be a good volunteer at the Elfin Forest Interpretive Center or for the Trail Patrol Program?

Previous Volunteer Experience

Summarize your previous volunteer/work experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Job Requirements

Have you read the job description and requirements? Yes No

Do you require reasonable accommodations to perform the essential functions of the position? Yes No

If yes, please describe below what accommodations you require

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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that additional information will be needed such as a driver's license, social security number and that a background check will be required. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

After completing this application, please hand it to an EFRR Ranger or Docent, or you can mail it to:

OMWD
EFRR Parks Department
1966 Olivenhain Rd
Encinitas, CA 92024

FOR ADMINISTRATIVE ONLY:

- | | |
|--|--|
| <input type="checkbox"/> Training Date _____ | <input type="checkbox"/> Deposit Received (Trail Patrol) |
| <input type="checkbox"/> Background Received | <input type="checkbox"/> First Aid Received (Trail Patrol) |
| <input type="checkbox"/> Background Cleared | <input type="checkbox"/> Added to Contacts |