



## Trail Sentinel Application Questionnaire

Applicant's Name \_\_\_\_\_

1. On average, how many hours a month do you spend cycling during prime biking season?

\_\_\_\_\_ Less than 5    \_\_\_\_\_ 5-10    \_\_\_\_\_ 10-15    \_\_\_\_\_ 15 or more

2. How many miles do you average on a bike per month? \_\_\_\_\_

3. Are you willing to give 50 hours of patrol a year to the Sentinel program? Yes or No

If no, please explain: \_\_\_\_\_

4. Are you able to work in various weather conditions for up to 4 hours at a time? Yes or No

If no, please explain: \_\_\_\_\_

5. Which type of biking do you prefer (circle): road biking    bike trail riding    mountain biking

6. Are you willing to provide information and assistance to visitors concerning trail rules and general park information while patrolling on bicycle? Yes or No

7. Are you willing to assist the ranger division by observing, recording and reporting activities that may be in violation of regulations and policies? Yes or No

8. Are you willing to assist the ranger division with crowd/traffic control during an emergency or special event? Yes or No

9. Are you willing to promote and educate the trail users in the concept of trail etiquette and safety? Yes or No

10. Are you able to demonstrate proficiency in basic bicycle operation? Yes or No

11. Do you have the ability to communicate well with visitors and park staff? Yes or No

12. Do you have the ability to document pertinent information on a patrol log? Yes or No

13. Do you always wear an approved bicycle helmet while cycling? Yes or No

If no, please explain: \_\_\_\_\_

14. Do you have a bike in good working condition: Yes or No

If no, please explain: \_\_\_\_\_

15. What months are you NOT available to volunteer (circle):

January February March April May June July August September October  
November December

16. Do you have bike maintenance experience? Please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Do you have a minimal set of bike maintenance tools? Yes or No  
If no, would you be willing to purchase them? Yes or No

18. Are you first aid/CPR certified? Yes or No  
If no, are you willing to take a class to become certified? Yes or No

19. Are you willing to provide your own first aid supplies for patrol? Yes or No

20. Will you be available to assist with programming and/or special biking related events as needs arise  
(duties outside of sentinel patrol)? Yes or No

21. Will you be willing to do basic trail maintenance (move branches, walnuts, etc.) as needed while on patrol  
(no use of power tools permitted)? Yes or No

22. Have you volunteered for any other organization in a trail Sentinel capacity? Yes or No  
If yes, what organization: \_\_\_\_\_

23. Will you be available to complete training during day and evening hours? Yes or No  
If not, which hours best fit your schedule? Day or Evening

24. Will you be able to attend mandatory trail sentinel meeting as scheduled? Yes or No

25. Do you have internet access? Yes or No

26. Do you have a cell phone? Yes or No

27. Do you have basic knowledge in Microsoft Excel? Yes or No

28. Will you be available to patrol on weekdays, weekends, holidays and evening hours as needed? Yes or No  
If no, please explain: \_\_\_\_\_

29. Why do you wish to become a Trail Sentinel with Greene County Parks & Trails: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_