Moosilauke Trailwork Coordinator
Job Description (JAC 3/04)

The purpose of the Moosilauke Trailwork Coordinator is to recruit, coordinate and oversee volunteers to perform trailwork on DOC-maintained trails at Moosilauke.

Currently maintained DOC trails on Moosilauke include:

- Gorge Brook Trail
- Carriage Road
- Snapper Trail
- Hurricane Trail
- Asquam Ridge Trail
- Glencliff Trail
- Beaver Brook Trail
- Al Merrill Ski Loop
- As well as various and sundry small spur trails, outlooks, and resting spots.

The MTC lives in McKenney Bunkhouse with the Trail Crew and may occasionally work with them or supervise one or more of them on Moosilauke, but for the most part is expected to work independently. The MTC must have a firm knowledge of trailwork skills and the ability to carry them out to a high standard (The current standard is AT Design Construction and Maintenance 2nd Edition by Birchard and Proudman). The MTC must be comfortable both recruiting and supervising unskilled trailworkers, as well as following up with them with appropriate thanks after the fact. The MTC is also responsible to understand, teach, and enforce safety procedures as outlined in the book mentioned above; maintain adequate supplies of protective equipment, and maintain tools.

Work schedule:

Pre-season: 10 to 20 hours of setup advertising, outreach and etc. to ensure a supply of volunteers for the summer.

June 22-August 28: Wednesday through Sunday, perform trailwork, work with groups, continue to work on advertising and follow up, other duties as assigned. Average 40 hours per week. Schedule can be weather-dependent.

Post-season: Write up summer’s activities and recommendations for next year’s trailwork. Attend fall meeting of Moosilauke Advisory Committee meeting if possible (first or second Sunday in November).

Compensation:
- $5.15/hour plus room and board
- Free or reduced-cost trainings – CPR and First Aid, Driver training, USFS Chainsaw certification, Moosilauke-specific training.

*Please keep this cover sheet for your information.*
Application – Moosilauke Trailwork Coordinator

Due to Julie Clemons in Outdoor Programs by April 15, 2005.

Have you applied to this position before? (Y) (N)

How did you hear about the position?

1. General information:

Name: ____________________________________________________________

HB: _______________ SSN: _________________________________________

Winter Address: __________________________________________________

City: __________________________ State: __________ Zip: __________

Winter Phone: _____________________________________________________

Spring Address: ___________________________________________________

City: __________________________ State: __________ Zip: __________

Spring Phone: _____________________________________________________

Parent/Guardian (Name & Address) ____________________________________

City: __________________________ State: _________ Zip: __________

Phone # _______________________

2. Dartmouth Status: Class of __________

Status: graduated, enrolled, off-campus program, off term, etc)

Winter __________ Spring __________ Summer __________

3. (a) Employment: Please list any paid part- or full-time jobs you have held. Verifiable volunteer work may be included.

<table>
<thead>
<tr>
<th>Dates</th>
<th>Position</th>
<th>Responsibilities</th>
<th>Name of organization</th>
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</thead>
</table>
1. Please describe any previous trailwork, construction, landscaping or related work you have done.
2. Please describe any previous experience as a volunteer or working with volunteers. What did you find enjoyable or not-enjoyable about it? How did it differ from other jobs you’ve had?
3. What leadership roles have you held in the past? What do you feel your strengths are in this area?
4. Please describe any previous experience where you have been responsible for the safety of others.
5. What would you like to get out of this summer experience?
6. Is there anything else we should know about you?

Please provide names and contact information for two work-related references. Email addresses are preferable if possible.

Please fill out attached medical form.

Please return to Julie Clemons in Outdoor Programs or via blitz, and make an appointment for an interview. Thank you for applying!
* TO BE FILLED OUT BY APPLICANT *

PERSONAL MEDICAL HISTORY

NAME_____________________________ HB: ___________ SEX: ____

HOME ADDRESS: __________________________________________ ZIP: __________

PHONE: __________________________

NEXT OF KIN:

NAME: ___________________________ RELATIONSHIP: ________________

ADDRESS: ____________________________________________________

(ZIP)____________ PHONE: ____________________________

I: ILLNESSES: Have you ever had, or do you have now: (Please check at left of item)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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<tr>
<td></td>
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<tr>
<td>YES</td>
<td>NO</td>
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If you checked "YES" for knee/leg/back/muscle or joint trouble, explain:
II: PAST MEDICAL HISTORY: Check each item YES or NO. Explain fully every "YES" item

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<th></th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>1.</td>
<td>Do you currently take any form of medication? What and why?</td>
<td></td>
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<tr>
<td>2.</td>
<td>Do you have any known allergies or reactions to any medications?</td>
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<tr>
<td>3.</td>
<td>Have you ever had a severe reaction to insect bites or stings?</td>
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<td>4.</td>
<td>Do you have any other allergies?</td>
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<tr>
<td>5.</td>
<td>Have you been ill during the past year? If YES, specify number of days and nature of illness:</td>
<td></td>
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<td>6.</td>
<td>Have you had, or have you been advised to have any operation, or have you had any serious illness or injury? Describe and give age at the time:</td>
<td></td>
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III: DATE OF LAST TETANUS INJECTION: __________________________

I certify that I have reviewed the above information supplied by me and that it is true and complete to the best of my knowledge.

Signature: ___________________________ Date ___________________________