



APPLICATION FOR TRAILBLAZERS
(Volunteer Hike and Bike Patrol)

The Trailblazers are members of the community working with Ohio & Erie Canalway Coalition (OECC), Tuscarawas County Park Department (TCPD) and Tuscarawas County Sheriff (Sheriff) to provide an assistance and education to visitors on trails on OECC or County owned properties.

Participants must have good communication skills and be willing to provide first aid and CPR to visitors. Volunteers will patrol in pairs and be equipped with cell phones for communication and first aid equipment. Please return applications to: Tuscarawas County Park Department, 125 E. High Avenue, New Philadelphia OH 44663.

\*\*PLEASE PRINT\*\*

Full Name: \_\_\_\_\_ Current Date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Sex (Circle one): Male / Female

Date of Birth: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about the Trailblazer Program?

- \_\_\_ Newspaper \_\_\_ Friend \_\_\_ Horse Club
\_\_\_ met a Trailblazer \_\_\_ OECC/TCPD Website \_\_\_ Flyer
\_\_\_ Other (specify): \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_

Are you interested in:  Hike Patrol  Bike Patrol  
(may choose more than one)

Describe your hiking & biking experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you willing to provide First Aid/ CPR if needed? (circle one) YES / NO

Availability to volunteer (weekdays, weekends, times?): \_\_\_\_\_

\_\_\_\_\_

Are you willing to volunteer a minimum of 40 patrol hours and 16-32 training hours per year to the program? (circle one) YES / NO

Bike Maintenance- level of ability: \_\_\_\_\_

\_\_\_\_\_

Patrols may be strenuous at times. Is there anything we should know that would prevent you from performing certain duties?  NO  YES (explain): \_\_\_\_\_

Are you willing to participate in all of the training?  YES  NO (explain): \_\_\_\_\_

\_\_\_\_\_

Will you be able to provide your own bike and khaki pants or shorts?  YES  NO

What type of skills would you bring to the Trailblazer program? \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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***\*\* I understand that the Ohio & Erie Canalway Coalition, Tuscarawas County Park Department, and/or Tuscarawas County Sheriff's Office will conduct a driver's license and Criminal History check prior to accepting me as a volunteer, to which I consent.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**TUSCARAWAS TRAILBLAZER VOLUNTEER  
AUTHORIZATION TO RELEASE OF INFORMATION**

I authorize all persons to whom this request (original or facsimile) is presented to furnish information relating to or concerning me to a duly appointed and authorized member of the Tuscarawas County Sheriff's Office. I am aware that this information is not ordinarily open to the public inspection and which I may claim to constitute an invasion of privacy or may otherwise be protected from disclosure by constitutional statutory or common law privileges. I expressly waive all rights and privileges, which may attach to such communication or disclosure and release all persons, firms and corporations from all claims of any nature as a result of said communication or disclosure.

The following information to be disclosed includes the following: Personal history, education records, fitness for duty records (including medical, psychological and polygraph information), employment records (including evaluations and disciplinary actions), military service records, criminal history records (including conviction(s) of domestic violence crime), organizational memberships, reference information and other information pertaining to suitability for employment (including applications and subsequent pre-employment screenings conducted when seeking employment with other agencies.

I represent that I have not been convicted of a crime of domestic violence or an associated crime of violence involving a family or household member in Ohio or any other State. I understand that this is part of my application process and falsification of this information will be considered grounds for dismissal or non-approval of volunteer application. I authorize release of information that may contain my home address, telephone number and social security number. This release will be considered part of my application and if approved, considered part of my volunteer participant file.

Please list current employer along with all prior employers (attach additional paper if needed).

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Please list all agencies that you have applied to in the past two (2) years (attach additional paper if needed).

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Name of Applicant (Print) and Social Security #

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Signature of Applicant and Date

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Name of Authorized Member of Sheriff's Office

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Signature, Authorized Member of Sheriff's Office and Date