



## 2020 Sawyer Training Application

Your Name:

E-MAIL:

Street Address:

City, State, Zip:

Day Telephone:

Cell or Evening Telephone:

Are you a member of the Alliance?      Yes      No

Are you currently First Aid / CPR Certified?      Yes      No

Have you completed the "Trail Safe" online safety training?      Yes      No

How many times have you used a chainsaw in the last year?      0      1-4      5-9      10+

Will use your own chainsaw and PPE – chaps, cut resistant safety boots, helmet w/eye & hearing protection – for this training?      Yes      No

If not using your chainsaw & PPE, what length of chaps do you need as measured from the belt line to about 2" below the boot top (not an inseam measurement)?      32"      36"      40"

Emergency Contact Name and Telephone:

Do you actively volunteer with the Alliance? Please describe:

Please list any relevant trainings, such as Game of Logging, Crew Leadership and Skills or otherwise, you have completed in the last 3 years:

Please complete and return (email is preferred) this form to [brad@iceagetrail.org](mailto:brad@iceagetrail.org) or mail to: Ice Age Trail Alliance, 2110 Main Street, Cross Plains, WI 53528, attention Brad Crary