



# New York-New Jersey Trail Conference

600 Ramapo Valley Road • Mahwah, NJ 07430 • (201) 512-9348 • volunteer@nynjtc.org

## Crew Reports — CREW AND SAWYER PROJECT TRIP Summary

**PLEASE COMPLETE AND RETURN TO YOUR TRAIL CONFERENCE LIAISON:** Reports should be completed and returned the relevant Trail Crew Chief, Trail Supervisor, Trail Chair or Program Coordinator as soon as possible upon completion of a work trip, and no later than **June 30** (for work done December 1 to June 30) and **November 30** (for work done July 1 to November 30). *Your timely completion of this report is vital to our program. Thank you!*

**How to Use This Fillable PDF:** Use Adobe Reader to complete this form on your computer, NOT Adobe Acrobat Pro. First save a blank copy to your local computer drive. If you do not save the file before filling it out, your changes will not save. When you are finished filling out the form, click the disk icon in Acrobat Reader to save the file. You can either email this file to your Trail Conference liaison or print the form and mail it to them.

Crew Name: \_\_\_\_\_ Crew Leader(s): \_\_\_\_\_

Project Name: \_\_\_\_\_ Date of Work Trip(s): \_\_\_\_\_

Trail(s) worked on: \_\_\_\_\_

Park/Forest: \_\_\_\_\_ Trail Chair Region: \_\_\_\_\_

Form Completed By: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Work Summary

Please determine these numbers using the Roster(s) and/or Work Trip Workbook. Include them with your report.

	# of Different Workers*	Total Work Hours	Total Travel Hours	Administrative Hours**	Total Hours
Crew Members					
Sawyers/Swampers					

\*Add up the total number of individuals who volunteered; \*\*Include time spent completing this form, communicating, (etc.)

<b>Linear feet of new trail built</b> <i>Reroute, converting social trail to official trail, etc.</i>		<b>Linear feet of old trail improved</b> <i>Sidehill, tread smoothing, hinge cut, etc.</i>	
<b>Linear feet of trail naturalized</b> <i>Obscuring closed trail, revegetation, etc.</i>		<b>Linear feet of tread structure built</b> <i>Puncheon, turnpiking, bog bridging, etc.</i>	
<b>Number of bridges built</b> <i>Timber, pre-fabricated, floating, etc.</i>		<b>Linear feet of bridge span built</b> <i>Total length of all new bridges</i>	
<b>Number of drainage structures installed</b> <i>Grade reversals, waterbars, drains, culverts, etc.</i>		<b>Linear feet of drainage structures installed</b> <i>Total length of all new structures</i>	
<b>Number of stone steps installed</b> <i>Staircase, base steps, stepping stones in water, etc.</i>		<b>Number of other steps installed</b> <i>Timber cribbed steps, synthetic lumber, etc.</i>	
<b>Square footage of wall built</b> <i>Crib wall, retaining wall, etc.</i>		<b>Downed trees removed from trail</b> <i>Blowdowns, removed from waterways, etc.</i>	

**Other Structures Built** (Kiosks, cairns, signposts, bollards, etc.)

**Other Comments/Notes (Was the job completed?):**

# Trail Conference Crew & Sawyer Roster, Release and Work Hours

Crew: \_\_\_\_\_ Project Name: \_\_\_\_\_

Date: \_\_\_\_\_ Notes: \_\_\_\_\_

**Participants in TC work trips must fill in this roster so we may have a record of the individuals on each trip.**

*By signing-in below I agree to release the trip leader and the Trail Conference from any claim for damage or injury to yourself, your family, or your equipment. I grant the Trail Conference the right and permission to use my likeness in photographs, videos, print, electronic, or other media for the purpose of promoting the Trail Conference, and release and discharge the Trail Conference, its employees and volunteers from any and all monetary or other claims arising out of such use. I am at least 18 years old and have read and fully understand this assumption of risk and release. If under 18, my guardian has signed on my behalf.*

Name <i>(Please print clearly!)</i> Email Phone Number	Travel Time Round-Trip	OPRHP Agreement Submitted	Work Hours <i>(Leader fills out; Include hiking time)</i>	Sawyer Certification		
				A	B	Swamper
1. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
2. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
3. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
4. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
5. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
6. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
7. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
8. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
9. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
10. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
<b>Total Hours:</b>						

# Trail Conference Crew & Sawyer Roster, Release and Work Hours

Crew: \_\_\_\_\_ Project Name: \_\_\_\_\_

Date: \_\_\_\_\_ Notes: \_\_\_\_\_

**Participants in TC work trips must fill in this roster so we may have a record of the individuals on each trip.**

*By signing-in below I agree to release the trip leader and the Trail Conference from any claim for damage or injury to yourself, your family, or your equipment. I grant the Trail Conference the right and permission to use my likeness in photographs, videos, print, electronic, or other media for the purpose of promoting the Trail Conference, and release and discharge the Trail Conference, its employees and volunteers from any and all monetary or other claims arising out of such use. I am at least 18 years old and have read and fully understand this assumption of risk and release. If under 18, my guardian has signed on my behalf.*

Name <i>(Please print clearly!)</i> Email Phone Number	Travel Time Round-Trip	OPRHP Agreement Submitted	Work Hours <i>(Leader fills out; Include hiking time)</i>	Sawyer Certification		
				A	B	Swamper
1. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
2. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
3. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
4. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
5. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
6. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
7. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
8. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
9. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
10. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
<b>Total Hours:</b>						

# Trail Conference Crew & Sawyer Roster, Release and Work Hours

Crew: \_\_\_\_\_ Project Name: \_\_\_\_\_

Date: \_\_\_\_\_ Notes: \_\_\_\_\_

**Participants in TC work trips must fill in this roster so we may have a record of the individuals on each trip.**

*By signing-in below I agree to release the trip leader and the Trail Conference from any claim for damage or injury to yourself, your family, or your equipment. I grant the Trail Conference the right and permission to use my likeness in photographs, videos, print, electronic, or other media for the purpose of promoting the Trail Conference, and release and discharge the Trail Conference, its employees and volunteers from any and all monetary or other claims arising out of such use. I am at least 18 years old and have read and fully understand this assumption of risk and release. If under 18, my guardian has signed on my behalf.*

Name <i>(Please print clearly!)</i> Email Phone Number	Travel Time Round-Trip	OPRHP Agreement Submitted	Work Hours <i>(Leader fills out; Include hiking time)</i>	Sawyer Certification		
				A	B	Swamper
1. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
2. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
3. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
4. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
5. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
6. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
7. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
8. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
9. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
10. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
<b>Total Hours:</b>						

# Trail Conference Crew & Sawyer Roster, Release and Work Hours

Crew: \_\_\_\_\_ Project Name: \_\_\_\_\_

Date: \_\_\_\_\_ Notes: \_\_\_\_\_

**Participants in TC work trips must fill in this roster so we may have a record of the individuals on each trip.**

*By signing-in below I agree to release the trip leader and the Trail Conference from any claim for damage or injury to yourself, your family, or your equipment. I grant the Trail Conference the right and permission to use my likeness in photographs, videos, print, electronic, or other media for the purpose of promoting the Trail Conference, and release and discharge the Trail Conference, its employees and volunteers from any and all monetary or other claims arising out of such use. I am at least 18 years old and have read and fully understand this assumption of risk and release. If under 18, my guardian has signed on my behalf.*

Name <i>(Please print clearly!)</i> Email Phone Number	Travel Time Round-Trip	OPRHP Agreement Submitted	Work Hours <i>(Leader fills out; Include hiking time)</i>	Sawyer Certification		
				A	B	Swamper
1. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
2. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
3. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
4. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
5. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
6. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
7. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
8. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
9. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
10. _____ _____		Yes <input type="checkbox"/> No <input type="checkbox"/>  N/A <input type="checkbox"/>				
<b>Total Hours:</b>						