



Chequamegon Area Mountain Bike Association

P.O. Box 141 | Cable, WI 54821 | (715) 798-3599 | [camba@cheqnet.net](mailto:camba@cheqnet.net)

## SUMMER TRAIL CREW JOB APPLICATION

Name \_\_\_\_\_

Address (current) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Summer mailing address (if different) – where you would like your pay check mailed.

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Social Security Number (optional) \_\_\_\_\_

Do you have reliable automobile transportation? \_\_\_\_\_

What is the earliest date you could begin work? \_\_\_\_\_

How late in the summer can you work? \_\_\_\_\_

Are there any dates within this period that you could not work? If so, please list.

\_\_\_\_\_

Do you have any allergies? (specify) \_\_\_\_\_

Do you have any other medical conditions about which we should be aware? (specify)

\_\_\_\_\_

EMERGENCY CONTACT: Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

References (Name, Phone, Email)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please complete and return this application, along with a brief resume of experience to:  
[trails@cambatrails.org](mailto:trails@cambatrails.org).