



DEPARTMENT OF PARKS AND RECREATION
Empire Mine State Historic Park
10791 E. Empire Street
Grass Valley, CA 95945

Ruth Coleman, Director

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Title: Trails Maintenance Volunteer

Purpose: To assist park staff in performing maintenance on the trail system of the Empire Mine State Historic Park.

Duties: Upon successful completion of a Volunteer training course, trail maintenance volunteers will assist Sierra District staff in the completion of assigned maintenance projects. Projects may include: trail tread, bridges, steps, signing, fence repair, drain systems, brushing, pruning and trail layout. Volunteers may also operate hand or power tools and small equipment or machinery.

Skills/Qualifications: Volunteers must be in good physical condition, have a positive attitude, and a willingness to work as a team member with park staff and volunteers. Must be willing to take direction from the Sierra District maintenance staff and follow Department policies and guidelines in protecting the cultural resources of the park. Prior knowledge and training in the use of hand or power tools, carpentry skills, and the operation of small equipment and machinery is desirable.

Reports To: Sierra District Trails Maintenance Staff

Time: Work at least 8 hours per month, 96 hours per year.

Benefits: This program provides the opportunity to provide valuable assistance to State Parks and visitors of the Empire Mine State Historic Park. Volunteers are given a Sierra District day use pass to explore and see other units in the District after completion of annual time requirements. Volunteers contributing 200 hours of their time receive a statewide day-use pass.

For more Information: Susan Chase, State Park Ranger-Unit Volunteer Coordinator
(530) 273-8522

ESSENTIAL FUNCTIONS HEALTH QUESTIONNAIRE

APPLICANT INFORMATION

LAST NAME		FIRST NAME	SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ADDRESS			CITY	STATE	ZIP CODE
DAYTIME TELEPHONE	EVENING TELEPHONE	CLASSIFICATION Trails Maint Volunteer	HIRING DEPARTMENT Sierra Gold Sector		

CONTACT INFORMATION

NAME	TITLE MST
LOCATION Sierra District Personnel	TELEPHONE (530) 525-6705

LIST OF ESSENTIAL FUNCTIONS

Enter list of essential functions of the job from current duty statement here, or attach duty statement:

POSITION SUMMARY: This position works under the direction of the Sierra Gold Maintenance Supervisor and provides support to the DPR Maintenance or Trails Staff. All projects must be pre-approved by the Maintenance Supervisor or his/her designee. This position involves maintenance and repair to the trail system at the Empire Mine SHP. Volunteers must be able to work independently and cooperatively with other volunteers and DPR staff in accomplishing work projects.

ESSENTIAL FUNCTIONS: This position is a skilled or unskilled position involved with trail maintenance at the Empire Mine SHP. The essential job functions of the position are the use of hand or power tools and small and large equipment. This position involves walking and hiking on steep and uneven terrain. Routine tasks may include: trail tread, bridges, steps, signing, fence repair, drain systems, brushing, pruning and trail layout.

75% Uses various hand or power tools to accomplish various park projects. May also operate small equipment and machinery. Good physical health is necessary for the successful completion of these tasks.

25% Performs litter pick-up, tool maintenance and housekeeping duties

The following lists essential functions that must be performed at a level which demonstrates the ability to successfully perform the duties listed above:

- A. Trail Maintenance
 - Bend Push/Pull Dexterity
 - Lift Carry Stoop
 - Grip Walk Drag
 - Squat Climb Comprehend
 - Have effective communication Skills
 - Hike on uneven ground
 - Hike steep terrain
 - Work in an outdoor environment

ACKNOWLEDGEMENT

I certify that the duties listed above represent the essential functions of the job and classification listed above.

SUPERVISOR'S NAME	SUPERVISOR'S SIGNATURE 	DATE
PERSONNEL OFFICER'S NAME	PERSONNEL OFFICER'S SIGNATURE 	DATE

APPLICANT'S CERTIFICATION OF ESSENTIAL FUNCTIONS

I certify that I have read the essential functions of the job listed on page 1 and considering my current health status (please check one of the boxes below):

- I am able to perform all of the essential functions of the job without a need for reasonable accommodation.
- I am able to perform all of the essential functions of the job, but will require reasonable accommodation (please describe your requested accommodation in the Reasonable Accommodation section below).
- I am unable to perform one or more of the essential functions of the job, even with reasonable accommodation.
- I am not sure if I am able to perform one or more of the essential functions of the job. I have identified the functional limitations that I believe may limit my ability to perform the essential functions of the job in the Request for Essential Functions Evaluation section below.

REASONABLE ACCOMMODATION (If necessary, you may attach additional pages)

For each essential function of the job for which you require reasonable accommodation, please describe the reasonable accommodation you are requesting:

REQUEST FOR ESSENTIAL FUNCTIONS EVALUATION (If necessary, you may attach additional pages)

I am not sure whether I have a physical or mental limitation that may prevent or otherwise impair me from performing the essential functions of the job. Below I have listed the essential functions in question and my specific functional limitations that I believe may prevent or otherwise impair me from performing the listed essential functions of the job. I authorize the hiring authority, if necessary, to refer this information to the State Personnel Board's Medical Officer, or his/her delegate, to determine my ability to perform the essential functions of the job with or without reasonable accommodation.

ACKNOWLEDGEMENT

I certify that the information I have provided concerning my ability to perform the essential functions of the job is true and complete to the best of my knowledge.

APPLICANT'S NAME (Print or type)	APPLICANT'S SIGNATURE 	DATE
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