### **Application for mountain goat removal program**

### Please download, complete, and email to patti\_happe@nps.gov

Or mail to Olympic National Park Attn: Patti Happe; 600 E Park Ave; Port Angeles, WA 98362

If group members are sending forms in separately, please make sure you indicate your group name or leader.

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| Group leader or Group NAme | | | | | | | | | | | | | | | | | | | | | |
| AvailAbility and trip preferences | | | | | | | | | | | | | | | | | | | | | |
| Which sessions are you available to participate? If more than 1, please put a number by the selected dates, with a 1 indicating your preferred date. | | | | | | | |  | Sept 9-19 | | | | | Sept 22-Oct 2 | | | | | Oct 5-16 | | |
| Please list your top 3 or more areas that you would like to work in, if possible. Refer to maps of goat management areas on website. Note the access, distance, and difficulty before selecting areas. | | | | | | | | | | |  | | | | | | | | | | |
| Are there any areas that you would prefer not to work in? You will not be sent to any of the areas listed. | | | | | | | |  | | | | | | | | | | | | | |
| Volunteer Vests | | | | | | | | | | | | | | | | | | | | | |
| We will provide project specific safety vests to all participants. Can you please indicate the number of vests of each size needed for your group? | | | | | | | | | | | | | | | | | | | | | |
| S | | | M | | | L | | XL | | | | | XXL | | | | XXXL | | | | |
| Group leader | | | | | | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | | First | | |  | | | | | | M.I. | |  | | |  |
| Mailing Address | |  | | | | | | | | | | | | | | Apartment/Unit # | | | | |  |
| City |  | | | | | | State | | |  | | | | | | ZIP |  | | | | |
| Phone |  | | | | | | E-mail Address | | | | |  | | | | | | | | | |
| Will you be applying to be an expert shooter or field support? | | | | | | | | | | shooter | | | | | support | | | | | | |
| **Please** provide information on your experience and qualifications. If you do not have enough room, or do not like the table format, you can attach a letter, but be sure you provide the information requested, as this is what you will be evaluated on. | | | | | | | | | | | | | | | | | | | | | |
| **A    Experience harvesting ungulates in mountainous wilderness**. List details of up to 5 of your most relevant trips (that is your closest experience to shooting mountain goats in a wilderness area in the coast range of Washington State. Please include information on 1) where hunt occurred, and if was in wilderness 2) trip dates (year and month) and duration, 3) species targeted, 4) were you successful 5 )how did you access the area (e.g. flew in, horseback, boat, hike), and on that trip how many miles did you hike, e) were you guided, self-guided, were you a guide for others. | | | | | | | | | | | | | | | | | | | | | |
| Where? Was it in wilderness? Elevation? | | | | Dates of trip | Species targeted | | Successful? | | | | How accessed area: how many miles hiked | | | | | | | | | Guided? | |
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| **B** Describe your experience backpacking in mountainous wilderness. List details of up to 4 most relevant trips. Please include information on 1) where the trip occurred, 2) elevation range 3) duration (days) of the trip, 4) mode of access (horse or foot), 5) miles hiked, 6) amount (or %) of off-trail travel. | | | | | |
| Where? Was it in wilderness? | Elevation range | Dates of trip | How traveled | miles hiked | how much off-trail travel |
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| **C)**     Please describe your experience orienteering off trail, using map and compass, and GPS. | | | | | |
| **D)**    What level of first aid training do you have? | | | | | |
| **E)**   Please describe your mountaineering and climbing skills and experience. | | | | | |
| **F)** Please describe your experience volunteering for a governmental agency or NGO and interacting with the public. Do you have experience conveying potentially controversial information on a controversial program or diffusing conflicts with members of the public? | | | | | |
| **G)**     **Physical fitness:** In order to perform this task, you must be capable of hiking up to 15 miles/ day for 7 days in a row, carrying a pack weighing up to 50 lbs., in mountainous terrain. Will you be able to meet these criteria? **Yes / No** (circle 1)  Will you be able to provide a physician’s note attesting to your ability to meet the physical requirements listed above by June 30? **Yes / No**  (circle 1) | | | | | |
| H) **Marksmanship**: If applying as a shooter, you will be required to demonstrate your skill during the training day by putting 5/8 shots, using the ammunition and rifle that you will use in the field, in an 8” target from 200 yards. Will you be able to meet that requirement?  **Yes / No / not Applicable** (circle 1) | | | | | |
| J ) Are you a hunting guide? Yes / No (circle 1).  If yes, please describe your experience: when, where, how and what. | | | | | |

**anything Else you want to add:**

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| Group Member # 2 | | | | | | | | | | | | | | |
| Last Name | |  | | | First |  | | | | M.I. | |  | |  |
| Mailing Address | |  | | | | | | | | Apartment/Unit # | | | |  |
| City |  | | | | State |  | | | | ZIP |  | | | |
| Phone |  | | | | E-mail Address | | |  | | | | | | |
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| Group Member # 3 You must have at least 3 people in your group | | | | | | | | | | | | | | |
| Last Name | |  | | | First |  | | | | M.I. | |  | |  |
| Mailing Address | |  | | | | | | | | Apartment/Unit # | | | |  |
| City |  | | | | State |  | | | | ZIP |  | | | |
| Phone |  | | | | E-mail Address | | |  | | | | | | |
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| Group Member # 4 | | | | | | | | | | | | | | |
| Last Name | |  | | | First |  | | | | M.I. | |  | |  |
| Mailing Address | |  | | | | | | | | Apartment/Unit # | | | |  |
| City |  | | | | State |  | | | | ZIP |  | | | |
| Phone |  | | | | E-mail Address | | |  | | | | | | |
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| Group Member # 5 | | | | | | | | | | | | | | |
| Last Name | |  | | | First |  | | | | M.I. | |  | |  |
| Mailing Address | |  | | | | | | | | Apartment/Unit # | | | |  |
| City |  | | | | State |  | | | | ZIP |  | | | |
| Phone |  | | | | E-mail Address | | |  | | | | | | |
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| Group Member # 6 | | | | | | | | | | | | | | |
| Last Name | |  | | | First |  | | | | M.I. | |  | |  |
| Mailing Address | | . | | | | | | | | Apartment/Unit # | | | |  |
| City |  | | | | State |  | | | | ZIP |  | | | |
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