

# APPENDIX D – SEKI Consent-to-Further-Contact Form

2015-09-08 10:00 AM

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1. Under whose name was your backcountry permit issued?

First Name:

Last Name:

2. If others are traveling with you, how many people are in each of the following categories (not including yourself)?

Male Adults

Male Children (<18 years)

Female Adults

Female Children (<18 years)

Please completely fill in the circle(s) next to your selected response(s):

3. Including this trip, how many times in your life have you been on a backcountry trip that required an overnight stay in the backcountry?

Number of trips (select one only):

- None, 1 to 3, 4 to 6, 7 to 9, 10 to 19, 20 or more, Don't know

4. Including this trip, what are the durations of the overnight backcountry trips that you have experienced?

Trip Duration (select all that apply):

- No overnight backcountry trips, 3 days to <1 week, >2 weeks, < 3 days, 1 to 2 weeks, Don't know

5. What is your sex? Male Female

6. What is your age (in years)?

- 18 - 24, 25 - 34, 35 - 44, 45 - 54, 55 - 64, 65 - 74, 75 or older

7. Do you consider yourself to be Hispanic or Latino? Yes No Don't Know

8. What race or races do you consider yourself part of? (select one or more)

- White, Asian, Black or African American, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, Don't know

9. Which one of the following places best describes where you live for the majority of the year?

Type of Area (select one only):

- City or urban area, Town or village, Farm, Don't know, Suburban area, Rural area but not a farm, Other (specify):

10. What is the highest level of formal schooling you have completed or the highest degree you have received?

Educational level (select one only):

- Less than 1st grade, 1st through 8th grade, 9th through 12th grade (no diploma), High school graduate: diploma or GED equivalent, Some college but no degree, Associate degree in college (e.g. AA, AS), Bachelor's degree (e.g. BA, BS), Master's degree (e.g. MA, MS, MEng, MSW, MBA), Doctorate degree (e.g. MD, DVM, PhD, JD), Technical degree, Other (specify):, Don't know

Please Turn Over





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We would like to contact you about our survey when you return from your trip. Your participation is voluntary but is very important to this research. Any personal information you provide (such as name, e-mail address, street address, phone number) will only be used for this survey and will be deleted when the study ends. It will NOT be given or sold to other people or companies. If you are willing to be contacted, please provide the information below.

What is your name? (Please print clearly using all CAPITAL letters):

First Name

MI

Last Name

When do you plan to leave the backcountry at Sequoia and Kings Canyon National Parks?

Month

Day

Year

What is your e-mail address(es)? (Please print clearly. Be specific about underscore lines and upper vs lower case letters.)

Primary e-mail address:

Secondary e-mail address:

What is your mailing address and phone number? (Please print clearly using all CAPITAL letters).

Street

City

State or Province

Zip Code

Country

Phone Number

Thank you for expressing interest in this survey. You will be contacted shortly after your trip. Please hand this form to the Park Official.

Please Turn Over

