



CCPRD – 296 South Main Prineville, OR 97754 – 541-447-1209

Camp Host Application

Last Name: _____ First Name: _____ Middle: _____

Last Name: _____ First Name: _____ Middle: _____

Full name of other people staying with you at host site: _____

Will you have a pet: Yes__ No__ / Current rabies vaccination certificates are required: be sure to have them with you.

Contact Information:

Primary Mailing Address:

Alternate Address:

Street:	Street:
City, St. Zip:	City, St. Zip:
Primary phone: Circle: (land, cell, message)	Other Phone: Circle: (land, cell, message)
Is mail delivered at the address above? Yes: _____ No: _____	Which months of the year can mail reach you at any address: _____
Primary email:	Second email:
SSN #:	SSN #:
Driver License: _____ State: _____	Driver License: _____ State: _____

Volunteer Skills Assessment: I have skills/experience/Interest in the following areas: (check each)

Athletics/Sports	Engineering/Planning	Recreation Programs
Accounting/Bookkeeping	Event Coordination	Routing/Trail signs
Bird/Animal Identification	Fund Raising/Grant Writing	Safety Training
Botany/Plant ID	Interpretation	First Aide
Clerical/Secretarial	Maintenance/Repairs	Campfire Programs
Carpentry	Masonry/Concrete	Training/Supervision
Computer/data entry	Photography/Drawing	Writing/ Publications
Crafts	Other: _____	
Children/Youth Programs	Languages Spoken:	
Customer Services Exp.		

(The Campground is open everyday of the week. Best days to take off would be week days.)

List All Dates Available: _____

And/Or: _____

Have you ever been a Camp Host before? Yes ___ No ___ If yes, please list where below:

Location: _____ Dates: _____

Location: _____ Dates: _____

Location: _____ Dates: _____

If you have hosted for Oregon State Parks? How many total hours have you volunteered? _____

References: Name (Two or Three) Address How Long

References: Name (Two or Three)	Address	How Long

Do you have a current First Aide or CPR training or certification: Yes ___ No ___ Exp. Date: _____

Do you have a medical condition we should consider when assigning tasks? _____

Have you been convicted of a felony? Yes ___ No ___ If yes please explain: _____

Will you have an extra vehicle: Yes ___ No ___

If yes what type and license number: _____

How did you learn about the Camp Host opportunity and CCPRD: _____

Anything you would like us to know about you? _____

I, _____, hereby certify the information provided by me on this application is true and correct to the best of my knowledge and belief. I hereby grant Crook County Parks and Recreation District (CCPRD), my permission to verify facts contained in this application. I hereby authorize the; release of any relevant information such as reference checks, driving records, criminal history, education, work history and background for verifying my eligibility to volunteer at Crook County Parks and Recreation District.

Applicants Signature: _____ Date: _____

PARK STAFF ONLY

Date Application Received: _____ Action/Contacted: ___Phone ___ Fax___ Email___ Snail Mail:

Interview Results: _____

Site Scheduled: _____ Assignment Date: _____

Date entered into database: _____ By: _____

Volunteer is _____, is not _____ available for other assignments after:

Send Application Materials to: CCPRD – 296 South Main St. – Prineville, OR 97754 – 541-447-1209

Crook County Parks and Recreation District.

CONSENT TO CRIMINAL RECORDS SEARCH

Applicant hereby consents to have Crook County Parks and Recreation District investigate all criminal records in applicant's name in and criminal record data base. Applicant is aware that information retrieved from such a search may affect the hiring decision. The signature and submitting of this consent is a requirement of the application process.

Signed this day: _____ Year: _____

Print Name: FIRST MIDDLE LAST

Signature: *Parental/Guardian Signature required if under 18*

Parent/Guardian Signature: _____

Social Security# _____ Drivers Lic. # _____ State _____

Date of Birth ____/____/____

TO BE COMPLETED BY STAFF PERSON ADMINISTERING/REQUESTING CRIMINAL HISTORY SEARCH OF APPLICANT.

No - information discovered which could adversely affect hiring this individual.

Yes - adverse information on record which could raise significant doubt on the applicants ability to be hired.

Search completed/requested by _____(please initial)

WE ARE AN EQUAL OPPORTUNITY EMPLOYER