

CHELAN PARKS AND RECREATION DEPARTMENT

CAMPGROUND HOST APPLICATION *(Please complete one application for each host applicant)*

Last Name : _____ First Name: _____ Middle Initial: _____

Mailing Address:	Winter/Alternate Address
Street	Street
City, ST, Zip	City, ST, Zip
Phone:	Phone:
Alt/Cell/Message Phone:	Alt/Cell/Message Phone:
Dates at this address:	Dates at this address:

Email Address: _____ Will you have a pet with you? Yes ____ No ____
(Current rabies vaccination certificate required, bring a copy with you)

Volunteer Skill Assessment - I have skills/experience/interest in the following areas:

<input type="checkbox"/> Athletics/Sports	<input type="checkbox"/> Engineering/Planning	<input type="checkbox"/> Recreation Programs
<input type="checkbox"/> Accounting/Bookkeeping	<input type="checkbox"/> Event Coordination	<input type="checkbox"/> Routing/Trail Signs
<input type="checkbox"/> Bird/Animal Identification	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Safety Training
<input type="checkbox"/> Boating Certification	<input type="checkbox"/> Interpretation	<input type="checkbox"/> First Aide
<input type="checkbox"/> Botany/Plant ID	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Teaching / Schools
<input type="checkbox"/> Clerical/Secretarial	<input type="checkbox"/> Maintenance/Repairs	<input type="checkbox"/> Training/Supervision
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Masonry/Concrete	<input type="checkbox"/> Writing or Publications
<input type="checkbox"/> Computer/Data Entry	<input type="checkbox"/> Photography/Drawing	<input type="checkbox"/> Other interests: _____
<input type="checkbox"/> Crafts	<input type="checkbox"/> Research/Statistics	_____
<input type="checkbox"/> Children & Youth Programs	Other Languages: _____	_____
<input type="checkbox"/> Customer Service Exp.		

List all available dates: _____ thru _____

(And/Or): _____ thru _____

Previous/Current Occupation: _____ Retired?: _____

Have you ever been a host at other parks? No Yes If yes, please list the latest parks and dates:

Park: _____ Dates: _____

Park: _____ Dates: _____

Driver's License Number: _____ State of Issue: _____ Exp Date: _____

Personal/Professional References	Address, City, State, Zip & Phone	# of Years

Do you have current CPR certification? No Yes Expiration Date: _____

Do you have any medical/physical conditions we should consider when assigning tasks? _____

Have you been convicted of a felony? No Yes If Yes, explain include date(s): _____

Type, size or length of equipment: _____ Extra vehicle? No Yes

How did you learn about our Host Program? _____

Anything else 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 the City of Chelan, 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 the City of Chelan Parks and Recreation Department:

Applicant's Signature: _____ **Date:** _____

For Current and Returning City of Chelan Park Hosts:

I do ___ do not ___ have an City volunteer host uniform. Shirt Size: S M L XL XXL XXXL 4XL

I do ___ do not ___ have a volunteer name tag. Name as you'd like it to appear on tag: _____

I do ___ do not ___ have a park host sign for my RV site. Name as you'd like it to appear on sign: _____

I have ___ have not ___ completed the City safety orientation program: Date completed _____

I have been a volunteer for ___ years at other parks and have approximately ___ total hours logged.

City of Chelan Staff Use Only:

Date Application Received: _____ ACTION: Contacted via: Phone Fax E-Mail Snail Mail

Interview Results: _____

Site(s) Scheduled: _____ Assignment Date(s): _____

Date entered in database: _____ By: _____

Host ___ is ___ is not, available for other assignments after _____

SEND APPLICATION MATERIALS TO:

Campground Host Program
Chelan Parks and Recreation Department
PO Box 1669
Chelan, WA 98816

Chelan Parks Phone (509) 682-8023
Chelan Parks Fax (509) 682-8248
Website: www.chelancityparks.com