



# JACKSON COUNTY Parks

## VOLUNTEER CAMP HOST APPLICATION

Application for the calendar year: \_\_\_\_\_ # of people occupying the Host site: \_\_\_\_\_

Applicant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

*\*If you are submitting this form as part of a Camp Host team, please list the other person(s) below. Each Host participant must fill out an individual application.*

Full Name(s) of other people staying with you at Host site: Please indicate NO after name if not planning to host.

Name: \_\_\_\_\_ Yes / No      Name: \_\_\_\_\_ Yes / No

Will you have a pet with you? Yes / No      *(Current rabies vaccination certificate required)*

Are you currently employed? Yes / No

Current occupation(s): \_\_\_\_\_ Previous occupation: \_\_\_\_\_

### Part 1: PERSONAL CONTACT INFORMATION

Primary Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Alternate Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Part 2: LICENSES, CERTIFICATES, AND TRAINING

*(Include year of last training and expiration date, if applicable)*

- Teaching \_\_\_\_\_
- Customer Service \_\_\_\_\_
- First Aid/CPR/AED \_\_\_\_\_
- Interpretive \_\_\_\_\_
- Verbal Judo \_\_\_\_\_
- Other \_\_\_\_\_

**Part 3: PAST HOSTING EXPERIENCE**

Have you been a Camp Host at other park or recreation areas? Yes / No  
*(If yes, please complete the information below and list most recent experiences first)*

1. Park: \_\_\_\_\_ Location/State: \_\_\_\_\_ Public / Private  
Host Type/Duties: \_\_\_\_\_  
Dates from/to: \_\_\_\_\_ Contact name & number: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_
  
  2. Park: \_\_\_\_\_ Location/State: \_\_\_\_\_ Public / Private  
Host Type/Duties: \_\_\_\_\_  
Dates from/to: \_\_\_\_\_ Contact name & number: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_
  
  3. Park: \_\_\_\_\_ Location/State: \_\_\_\_\_ Public / Private  
Host Type/Duties: \_\_\_\_\_  
Dates from/to: \_\_\_\_\_ Contact name & number: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_
  
  4. Park: \_\_\_\_\_ Location/State: \_\_\_\_\_ Public / Private  
Host Type/Duties: \_\_\_\_\_  
Dates from/to: \_\_\_\_\_ Contact name & number: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_
- 

**Part 4: YOUR REFERENCES**

*List three professional references below. Please indicate how long you have been acquainted with each.*

<i>Name</i>	<i>Company name &amp; address, city, state</i>	<i>Phone number</i>	<i>Occupation/Title</i>	<i>How long have you known this person</i>

**Part 5: YOUR RECREATIONAL VEHICLE / CAMPING EQUIPMENT**

Most parks can accommodate various size/length RV. However, we reserve the right to place you in a different site than planned.

Make/Year of RV: \_\_\_\_\_ Motorhome: \_\_ 5<sup>th</sup> Wheel: \_\_ Trailer: \_\_ Tent: \_\_ Other: \_\_

Length of entire unit (RV and/or Truck & Trailer): \_\_\_\_\_ Is there an extra tow vehicle? Yes / No Length: \_\_\_\_\_

Slide outs? Yes / No Electrical Amps Needed: \_\_\_\_\_ Will you accept a site without sewer hookups? Yes / No

Portable containment unit will be available with pumping service every two weeks for Camp Host site without sewer hookup.

Do you have a satellite dish? Yes / No Is it mounted on your RV: Yes / No

**Part 6: PARK PREFERENCES and DATES of AVAILABILITY**

Use the chart below to indicate the parks that you would like to work at and the dates you are available. Keep in mind that if you list specific parks, you may not be considered for other openings. If you'd like to be considered for the entire park system, list "all available parks."

*County Parks with Camp Host opportunities include: Cantrall Buckley, Emigrant Lake, Rogue Elk, Southern Oregon RV, Joseph Stewart and Willow Lake County Parks; as well as the following parks around Howard Prairie Lake; Howard Prairie Resort, Apserkaha, Grizzly, Klum Landing, Lily Glen, and Willow Point County Parks.*

MONTH / YEAR		AVAILABLE?		PREFERRED PARK(S)
January	20_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
February	20_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
March	20_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
April	20_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
May	20_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
June	20_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
July	20_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
August	20_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
September	20_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
October	20_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
November	20_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
December	20_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Part 7: QUESTIONS**

**Do you have any medical/physical conditions or limitation to be taken into consideration when assigning tasks?** \*Note: All hosts do need to be physically able to perform the duties of the position they accept. Depending on your specific hosting assignment, we may be able to modify the work to accommodate your needs.

---

---

---

---

---

**Why is Park Hosting a volunteer job that you are interest in?**

---

---

---

---

**Please tell us something you would like us to know about you (i.e. hobbies, interests, history, etc.)**

---

---

---

---

**How did you learn about Jackson County Park’s volunteer opportunities?**

---

---

---

---

*Thank you for your interest in volunteering for Jackson County Parks. Qualified applicants will be subject to a background check and if required, must meet minimum standards for driving a County vehicle. Certified Court Print DMV Driving Record report may be required.*

**Please read the statement and sign below:**

I, \_\_\_\_\_, hereby certify that the information provided on this application is true and correct to the best of my knowledge and belief. I hereby grant Jackson County permission to verify facts contained here within. I hereby authorize the release of any relevant information pertaining to reference checks, criminal history, driving records, work and volunteer history to verify my eligibility to volunteer at any site operated by Jackson County Parks. I agree to abide by Jackson County Park’s

Volunteer Code of Conduct and all County and department policies and procedures, as provided upon scheduling.

---

**Applicant's Signature**

---

**Date**

---

**Department Representative Signature**

---

**Application Received Date**

Please send or fax this application to:

Jackson County Parks

7520 Table Rock Road

Central Point, OR 97502

Phone: 541.774.8183

Fax: 541.774.6320

Completed applications may also be scanned and emailed to our Volunteer Coordinator at:

[ampostba@jacksoncounty.org](mailto:ampostba@jacksoncounty.org)

Please visit our website [www.jacksoncountyparks.com](http://www.jacksoncountyparks.com) for more information on our park system and the opportunities we have in beautiful Southern Oregon