



# CALIFORNIA STATE PARKS VOLUNTEER APPLICATION

NAME (First, MI, Last)	PHONE NO.	ALTERNATE PHONE NO.	EMAIL ADDRESS
STREET ADDRESS		CITY/STATE/ZIP CODE	
HAVE YOU LIVED OUTSIDE OF CALIFORNIA WITHIN THE LAST THREE YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF UNDER AGE 18, PROVIDE NAME, ADDRESS AND PHONE NO. OF PARENT OR GUARDIAN, OR IF AN EMANCIPATED MINOR, PLEASE STATE:			
HAVE YOU EVER SERVED AS A VOLUNTEER? <input type="checkbox"/> Yes (List location(s), approximate date(s) and duties below.) <input type="checkbox"/> No			
VOLUNTEER POSITION YOU ARE SEEKING:		STATE PARK PREFERENCE:	
WHY DO YOU WISH TO BECOME A STATE PARK VOLUNTEER?			
CURRENT OCCUPATION OR IF RETIRED, FORMER OCCUPATION:			
HIGHLIGHT YOUR EDUCATIONAL, EMPLOYMENT, AND/OR LIFE EXPERIENCES THAT YOU FEEL MAY CONTRIBUTE TO CALIFORNIA STATE PARKS' MISSION: (You may attach a resume.)			
LIST THREE PERSONS NOT RELATED TO YOU WHO KNOW OF YOUR WORK QUALITY:			
<u>Name</u>	<u>Phone No.</u>	<u>Relationship</u>	

### FOR HOST APPLICANTS ONLY

INDICATE YOUR CHOICE OF STATE PARK AND DATES AVAILABLE: (Minimum of 30 days, maximum of 6 consecutive months in one park.)			
First Choice	Dates Available	Second Choice	Dates Available
INDICATE TYPE OF EQUIPMENT AND LENGTH:			
<input type="checkbox"/> Camper:	<input type="checkbox"/> Motorhome:	<input type="checkbox"/> Trailer:	<input type="checkbox"/> Extra Vehicle:
IF APPLICABLE, INDICATE TYPES AND NUMBER OF PETS YOU WILL HAVE WITH YOU: (You must have proof of your pets' current rabies vaccination with you while you reside in the park as a host.)			
<input type="checkbox"/> Dogs:	<input type="checkbox"/> Cats:	<input type="checkbox"/> Other:	

### CERTIFICATION

***I understand that additional information, such as driver's license number, Social Security Number and a background check may be required for certain volunteer positions. I hereby certify that all statements made on this application are true and complete.***

Applicant Signature

Date

