



State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION

STATE PARKS VOLUNTEER APPLICATION

NAME (First, MI, Last)	HOME PHONE NO.	ALTERNATE PHONE NO.	EMAIL ADDRESS
STREET ADDRESS		CITY/STATE/ZIP CODE	
IF UNDER AGE 18, PROVIDE NAME, ADDRESS AND PHONE NO. OF PARENT OR GUARDIAN			
HAVE YOU EVER SERVED AS A CALIFORNIA STATE PARKS VOLUNTEER? <input type="checkbox"/> Yes (List locations and approximate dates below.) <input type="checkbox"/> No			
POSITION YOU ARE SEEKING		PARK PREFERENCE, IF KNOWN	
WHY DO YOU WISH TO BECOME A STATE PARK VOLUNTEER?			
CURRENT OCCUPATION			
HIGHLIGHT YOUR EDUCATIONAL AND EMPLOYMENT BACKGROUND/EXPERIENCES THAT YOU FEEL MAY CONTRIBUTE TO THE STATE PARK VOLUNTEER PROGRAM (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 CAMPGROUND 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
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INDICATE TYPE OF EQUIPMENT AND LENGTH

Camper:
 Motorhome:
 Trailer:
 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 campground host.)

Dogs:
 Cats:
 Other:

CERTIFICATION

I understand that additional information, such as driver's license, Social Security Account 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

