



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

## STATE PARKS VOLUNTEER APPLICATION

NAME	HOME PHONE NO.	ALTERNATE PHONE NO.
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 ( <i>List locations and approximate dates below.</i> ) <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 ( <i>You may attach a resume.</i> )		
LIST THREE PERSONS NOT RELATED TO YOU WHO KNOW OF YOUR WORK QUALITY		
Name	Phone No.	Relationship
<b>FOR CAMPGROUND HOST APPLICANTS ONLY</b>		
INDICATE YOUR CHOICE OF STATE PARK AND DATES AVAILABLE ( <i>Minimum of 30 days, maximum of 6 consecutive months in one park.</i> )		
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 ( <i>You must have proof of your pets' current rabies vaccination with you while you reside in the park as a campground host.</i> )		
<input type="checkbox"/> Dogs:	<input type="checkbox"/> Cats:	<input type="checkbox"/> Other:
<b>CERTIFICATION</b>		
<b><i>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.</i></b>		
APPLICANT SIGNATURE	DATE	