



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