



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
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 campground host.)				
<input type="checkbox"/> Dogs: <input type="checkbox"/> Cats: <input type="checkbox"/> 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	