



## Park Host Application

I am a:  New Applicant  Returning Host

APPLICANT (1) CONTACT INFORMATION		APPLICANT (2) CONTACT INFORMATION	
Name (Last, First, Middle)		Name (Last, First, Middle)	
Phone Number <input type="checkbox"/> Landline <input type="checkbox"/> Mobile		Phone Number <input type="checkbox"/> Landline <input type="checkbox"/> Mobile	
E-mail		E-mail	
PRIMARY MAILING ADDRESS			
Street Address / P.O. Box			
City		State	Zip Code
EXPERIENCE & REFERENCES			
Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please list your previous or current occupation:			
Have you been a host at other parks or recreation areas? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list park, location, and dates served:			
Please list any skills, training, knowledge, or experience that you feel can contribute to Washington State Parks:			
Please list two personal or professional references below. May we contact your references? <input type="checkbox"/> Yes <input type="checkbox"/> No			
1. Name	Phone Number	Relationship	
2. Name	Phone Number	Relationship	
AVAILABILITY & PREFERRED LOCATIONS			
When are you available to start hosting (Month/Year)?		How long do you anticipate hosting (e.g., this year only or longer)?	
Check the months you are available to serve as a volunteer park host: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/> ALL			
List the state parks or regions (e.g., Eastern, NW or SW) where you prefer to host. If no preference, please write "ANY".			
1	2	3	4
If your preferred parks are full during the time you are available, are you willing to host at other parks with openings? <input type="checkbox"/> Yes <input type="checkbox"/> No			
RV/CAMPING UNIT INFORMATION			
What kind of camping unit will you use? <input type="checkbox"/> Motorhome <input type="checkbox"/> 5th Wheel <input type="checkbox"/> Trailer <input type="checkbox"/> Boat <input type="checkbox"/> Other: _____			
Make/Year of RV or boat: _____	Total length of campsite/moorage needed: _____ ft	Minimum hook-ups needed:	
Is there an extra or tow vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Electricity	
		Amps: _____	

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GENERAL QUESTIONS	
Will any other people be residing with you at the host site? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide their names and ages:	
Will you have a pet with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate what kind (e.g., dog, cat, etc.) and how many:	
Do you have any work limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Are you related to a State Parks staff member or volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide their name and relationship:	
How did you learn about the Park Host Program? <input type="checkbox"/> State Parks website <input type="checkbox"/> Facebook/social media <input type="checkbox"/> Other volunteer <input type="checkbox"/> RV/boat show <input type="checkbox"/> Park <input type="checkbox"/> Other:	
BACKGROUND CHECK STATEMENT	
Per RCW 79A.05.030(10), the Washington State Parks and Recreation Commission requires a criminal background check for volunteers who may have unsupervised access to children or vulnerable adults; or with persons who will be responsible for collecting or disbursing agency cash or processing credit/debit card transactions.	
APPLICANT ACKNOWLEDGEMENT & SIGNATURE	
As a park host applicant, I acknowledge the following:	
<ol style="list-style-type: none"> <li>In order to be considered for a volunteer position as a park host, I must consent to a State and Federal background check using fingerprints.</li> <li>I understand that my acceptance as a park host is contingent upon review of my background check results. Certain convictions or incarcerations may prohibit my acceptance.</li> <li>All persons aged 18 and older residing at the park host site are required to submit to the above mentioned criminal background check prior to residing at the host site.</li> <li>I offer my services of my own free choice and acknowledge that I am engaging in this activity as a volunteer, at my own request. I understand that volunteers are not considered employees of the State of Washington and acknowledge that I will not receive any wages for my services.</li> <li>The information I have provided is true and accurate.</li> </ol>	
Applicant (1) Signature	Date
Applicant (2) Signature	Date

**PLEASE SUBMIT COMPLETED APPLICATIONS TO:**

E-mail: [volunteers@parks.wa.gov](mailto:volunteers@parks.wa.gov)

Mail: WA State Parks Volunteer Program  
PO Box 42650  
Olympia, WA 98504-2650

FOR STATE PARKS USE ONLY
<input type="checkbox"/> State Check Completed
<input type="checkbox"/> Federal Check Completed
<input type="checkbox"/> Clear / Accepted
<input type="checkbox"/> Not Clear / Not Accepted
<input type="checkbox"/> Application Processed
<input type="checkbox"/> Application Entered
Date completed: _____
Initials: _____