

Park Host Application

Application for the calendar year: #		of People Occupying the Host Site:			
Applicant's Last Name: Fir		First Name:	MI:		
*If you are submitting this form v must fill out an individual applica		st team, please list the oti	ner person(s) below. Each participant		
Full Name (s) of other people not planning to Host	staying with you at Hos	st site: <i>Please check b</i> o	ox after name if these people are		
Will you have a pet with you	u? Yes No No	(Current rabies va	ccination certificates required)		
Current Occupation(s):					
Previous Occupation:					
Part 1: Contact Informati	ion				
Primary Mailing Address		Alternate Maili	ng Address		
Street, City, St, Zip:		Street, City, St, Zip	·:		
Phone #: (write landline, cell, msg, work)		Phone #: (write landline, cell, msg, work)			
Alternate #: (write landline, cell, msg, work)		Alternate #: (write	Alternate #: (write landline, cell, msg, work)		
Is this a forwarding address only? Yes \(\subseteq \text{No } \subseteq \) If no, what time of year can mail reach you here?			Is this a forwarding address only? Yes \(\subseteq \text{No } \subseteq \) If no, what time of year can mail reach you here?		
Email address:		Email address:			
Part 2: Licenses, Certific		oplicable)			
Teaching					
Interpretive			Other		

Part 3: Past Hosting Experience

Have y	ou been a Park Host at other park	or recrea	tion areas? Yes No
(If yes	, please complete the information b	elow and	list most recent experiences first)
1)	Park:	State:	Public Private
	Host Type/Duties:		
	Dates (from/to):		Contact Name and Number:
	Reason for leaving:		
2)	Park:	State:	Public Private
	Host Type/Duties:		
	Dates (from/to):		Contact Name and Number:
	Reason for leaving:		
3)	Park:	State:	Public Private
	Host Type/Duties:		
	Dates (from/to):		Contact Name and Number:
	Reason for leaving:		
4)	Park:	State:	Public Private
	Host Type/Duties:		
	Dates (from/to):		Contact Name and Number:
	Reason for leaving:		
5)	Park:	State:	Public Private
	Host Type/Duties:		
	Dates (from/to):		Contact Name and Number:
	Reason for leaving:		

Part 4: Your References

List three professional references for each applicant below. Please indicate how long you have been acquainted with each.

Name	Company Name & Address, City, State, Zip	Phone Number	Occupation/Title	How long have you known this person

Part 5: Your Recreational Vehicle/Camping Equipment

Most parks can accommodate varior different site than planned.	us size/length RV.	However, we rese	erve the right	t to place y	ou in a
Make/Year of RV:	Motorhome \Box	Fifth Wheel \Box	Trailer □	Tent □	Other \square
Length of entire unit:	Is there an extra	tow vehicle? Yes	□ No □	Length: _	
Slide out? Yes ☐ No ☐ How Mar	ny? Both S	ides? E	Electrical Am	nps Neede	d?
Will you accept a site without sewer *Portable containment unit w without sewer hookup.	•		ery two wee	ks for Cam	np Host site
Do you have a satellite dish? Yes	□ No□ Is it m	nounted on your R\	/? Yes□	No □	

Part 6: Dates of Availability

Use the chart below to indicate the dates you are available. Keep in mind that the annual contract will begin on October 1 of each year.

Month/Year	Available?	Preferred Park(s)
January 20	Yes □ No □	
February 20	Yes □ No □	
March 20	Yes □ No □	
April 20	Yes □ No □	
May 20	Yes □ No □	
June 20	Yes □ No □	
July 20	Yes □ No □	
August 20	Yes □ No □	
September 20	Yes □ No □	
October 20	Yes □ No □	
November 20	Yes □ No □	
December 20	Yes □ No □	
Why is Park Hosting a volunteer	job that you are interested in?	
Please tell us something you wo	uld like us to know about you (ie. hok	bbies, interests, history, etc)

low did you learn about the City of Gold Hill's Park Hosting opportunity?
hank you for your interest in volunteering for the City of Gold Hill. Qualified applicants will be subject to a ackground check. Upon scheduling, we will require you to complete a separate criminal history/background heck form Please read the statement and sign below:
, hereby certify that the information provided on this application is true and correct to the best of my knowledge and belief. I hereby grant the City of Gold Hill permission to verify acts contained here within. I hereby authorize the release of any relevant information pertaining to eference checks, criminal history, driving records, work and volunteer history to verify my eligibility to blunteer for the City of Gold Hill. I agree to abide by all City of Gold Hill policies and procedures, as rovided upon scheduling.
pplicant's Signature: Date:
lease send or fax this application to:
ity of Gold Hill .O. Box 308 old Hill, OR 97525 hone: (541) 855-1525 Fax: (541) 855-4501
ompleted applications may also be scanned and emailed to: info@cityofgoldhill.com

Please visit our website www.cityofgoldhill.com for more information on our park system and the opportunities we have in beautiful Southern Oregon!