

Camp Host Application



JOSEPHINE COUNTY PARKS

Application for the calendar year: _____ # of People Occupying the Host Site: _____

Applicant's Last Name: _____ First Name: _____ MI: _____

**If you are submitting this form with as part of a Camp Host team, please list the other person(s) below. Each participant must fill out an individual application*

Full Name (s) of other people staying with you at Host site: *Please check box after name if these people are not planning to Host*

_____ _____

Will you have a pet with you? Yes No (Current rabies vaccination certificates required)

Are you currently employed? Yes No

Current Occupation(s): _____

Previous Occupation: _____

Part 1: Contact Information

Primary Mailing Address

Alternate Mailing Address

Street, City, St, Zip:	Street, City, St, Zip:
Phone #: Circle (landline, cell, msg, work)	Phone #: Circle (landline, cell, msg, work)
Alternate #: Circle (landline, cell, msg, work)	Alternate #: Circle (landline, cell, msg, work)
Is this a forwarding address only? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> re? <i>If no, what time of year can mail reach you here</i>	Is this a forwarding address only? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no, what time of year can mail reach you here?</i>

Email address:

Email address:

Part 2: Licenses, Certificates, Training

(Include year of last training and expiration date, if applicable)

Teaching _____ Customer Service _____ First Aid/CPR

_____ _____
Interpretive _____ Verbal Judo _____ Other _____

Part 3: Past Hosting Experience

Have you been a Camp Host at other park or recreation areas? Yes No

(If yes, please complete the information below 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: _____

Month/Year	Available?	Preferred Park(s)
January 20__	Yes <input type="checkbox"/> No <input type="checkbox"/>	
February 20__	Yes <input type="checkbox"/> No <input type="checkbox"/>	
March 20__	Yes <input type="checkbox"/> No <input type="checkbox"/>	
April 20__	Yes <input type="checkbox"/> No <input type="checkbox"/>	
May 20__	Yes <input type="checkbox"/> No <input type="checkbox"/>	
June 20__	Yes <input type="checkbox"/> No <input type="checkbox"/>	
July 20__	Yes <input type="checkbox"/> No <input type="checkbox"/>	
August 20__	Yes <input type="checkbox"/> No <input type="checkbox"/>	
September 20__	Yes <input type="checkbox"/> No <input type="checkbox"/>	
October 20__	Yes <input type="checkbox"/> No <input type="checkbox"/>	
November 20__	Yes <input type="checkbox"/> No <input type="checkbox"/>	
December 20__	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Part 7: Questions

Do you have any medical/physical conditions or limitations to be taken into consideration when assigning tasks? *Note: All hosts do need to be physically able to perform the duties of the position they accept. Depending on your specific hosting assignment, we may be able to modify the work to accommodate your needs.

Please send or fax this application to:

Josephine County Parks
125 Ringuette Street
Grants Pass, OR 97527
Phone: (541) 474-5285 Fax: (541) 474-5288

Completed applications may also be scanned and emailed to: ahoward@co.josephine.or.us

Please visit our website for more information on our park system and the opportunities that we have in Southern Oregon!

www.co.josephine.or.us

From the Josephine County Homepage:
-Click on Departments tab and then click on Parks