Josephine County Park Host Application

Thank you for your interest in Camp Hosting for Josephine County Parks.

ABOUT OUR PROGRAM

Volunteer Park Hosts reside in their own Recreational Vehicle (RV) at the campground they are hosting at. You will be provided a campsite with full RV hook-ups in exchange for being a Park Host (electric and garbage service is included).

Work includes greeting guests, marking reserved campsites, selling firewood, helping guests solve problems, cleaning facilities (shelters and restrooms/shower), campground cleanup and light duty maintenance and landscaping.

Volunteer Hosts can expect to work about 20 hours a week in the winter and 40 hours a week in the summer, and are on-duty 5 days per week. Applicants must be friendly, hardworking, and have a presentable RV. A $200 monthly stipend is offered in our peak-season (June, July, August).

ARE THERE CURRENT OPENINGS?

We are always accepting applications whether or not there is a current opening in our program. To find out about immediate openings, please call our office directly. Park Host positions may open up at any time, as this is a volunteer program and can last as long as it is mutually beneficial. Some of our hosts join us for just one season, where some of our hosts have been with us for more than three years! We ask for at least a three-month commitment. If you are interested in a specific park, you may list your choice(s) on your application.

APPLICATION PROCESS

To apply for a Park Host position, please submit a completed application and a photo of your RV to our office. Everyone who is 18 or older must pass a criminal background check.

Once your completed application is submitted, our staff will begin the process of reviewing your application and checking references. Please note that submitting an application does not guarantee you a spot in our Park Host Program. You can expect to be contacted within two weeks of submitting your application.

If we believe you will be a good fit for our program when an opening is available, we will contact you to proceed with an interview. Typically, a final decision is made within two business days after your interview to let you know if you have been accepted as a Park Host.

Thank you for your time and consideration for becoming a Park Host with Josephine County!

Address: 125 Ringuette St., Grants Pass OR 97527
Email: parks@co.josephine.or.us **Phone:** 541-474-5285 **Fax:** 541-474-5288

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Thank you for your interest in Camp Hosting for Josephine County Parks.

HOUSEHOLD INFORMATION

1st Applicant's Name First_____ Middle_____ Last_____

2nd Applicant's Name First_____ Middle_____ Last_____

Please list all individuals living with you, everyone 18 and over must pass a background check.

Under Age 18? _____ First_____ Middle_____ Last_____

Under Age 18? _____ First_____ Middle_____ Last_____

Under Age 18? _____ First_____ Middle_____ Last_____

Do you have any pets? ☐ No ☐ Yes, please list type(s) _____

Pets are required to have current vaccinations, please submit them with your application.

CONTACT INFORMATION

Phone # (_____) _____-_____ (_____) _____-_____ **Email** _____

Current Physical Address, City, ST, Zip _____

Mailing Address, City, ST, Zip *(if different)* _____

ABOUT YOUR RECREATIONAL VEHICLE/CAMPER

You must submit recent photos of your mobile residence.

Type of Unit ☐ Motor Home ☐ 5th Wheel ☐ Trailer ☐ Other _____

Make/Model _____ **Year** _____ **Length** _____ **Length w/ Tow Vehicle** _____

Amps Needed _____ **Slide Out?** ☐ No ☐ Yes, how many? _____ ☐ Driver's Side ☐ Passenger Side

Do you have a satellite dish? ☐ No ☐ Yes, mounted on RV? _____

AVAILABILITY

Are you interested in ☐ Long Term Hosting ☐ Seasonal, Start Date _____ End Date _____

Park Preference: ☐ All Locations Prefer: #1 _____ #2 _____ #3 _____

TELL US MORE

How did you find out about our Park Host program? _____

Have you been a Camp Host at other park or recreation areas before? ☐ No ☐ Yes, please continue below)
(Attach another sheet if necessary)

1. Park Name _____ City, State _____ ☐ Public ☐ Private

Dates _____ to _____ Supervisor's Name/Number _____

Duties _____ Reason for Leaving _____

2. Park Name _____ City, State _____ ☐ Public ☐ Private

Dates _____ to _____ Supervisor's Name/Number _____

Duties _____ Reason for Leaving _____

Why are you interested in Park Hosting?
Highlight your educational and employment background/experiences that you feel may contribute being a Park Host. *(You may attach a resume if you choose.)*
Do you have any medical/physical conditions or limitations to be taken into consideration so may fulfill the volunteer job duties? *(Note: All hosts do need to be physically able to perform the duties of the jobs they accept. Depending on your hosting assignment, we may be able to modify the work to accommodate your needs.)*

List three persons not related to you who can be used as work references.
(References from previous Park Host experience are preferred if available.)

1. Name _____ Phone _____ City, State _____

Relationship _____ How long have you known? _____

2. Name _____ Phone _____ City, State _____

Relationship _____ How long have you known? _____

3. Name _____ Phone _____ City, State _____

Relationship _____ How long have you known? _____

FINAL DETAILS

Qualified applicants will be subject to a background check as you will be living in a public park and representing the County. Additionally, some parks require a County vehicle be operated and in this case a safe driving history will be required.

Is there anything that you would like to share with us about what may be found on your background check?

_____

_____

Please read the statement and sign below:

I hereby certify that the information provided on this application is true and correct to the best of my knowledge and belief. I hereby grant Josephine County permission to verify all facts contained herein. I hereby authorize the release of any relevant information pertaining to reference checks, criminal history, driving records, work and volunteer history to verify my eligibility to volunteer at any site operated by Josephine County Parks. I agree to abide by Josephine County Park's Volunteer Code of Conduct and all County and department policies and procedures.

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

SUBMIT YOUR APPLICATION

Thank you for your interest in volunteering for Josephine County Parks. Once the completed application with required documents are submitted to the Parks Department we will begin to process you and your family for a Park Host position. This process includes a background check, reference check, and an interview prior to a final decision being made.

Please submit your completed application to Josephine County Parks:

☐ Park Host Application (3 pages)

☐ Authorization to Release Information (1 page per applicant and person over 18)

☐ Recent Photo of Mobile Residence

☐ Vaccination Records for Pets

Address: 125 Ringuette St., Grants Pass OR 97527
Email: parks@co.josephine.or.us **Phone:** 541-474-5285 **Fax:** 541-474-5288

AUTHORIZATION TO RELEASE INFORMATION

Please read carefully before signing.

I understand that Josephine County will conduct a criminal records check in relation to my volunteer services with Josephine County Parks.

I authorize Josephine County, its officers, agents, and employees, to conduct an investigation and to check references to determine my suitability and fitness to volunteer with Josephine County Parks. This investigation may include obtaining confidential information, or contacting persons or organizations that have information on my qualifications, suitability, references, past job performance, education, and records of arrest, trial and/or conviction.

I agree to hold Josephine County, its officers, agents, and employees harmless from and against any and all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of the use or disclosure of any information obtained as a result of this Release.

I consent to allow a photocopy of this release form to serve as a valid release. This release expires one year after the date it is signed.

First Applicant's Name: _____
Last First Middle

Other Names Used: _____

Current Address: _____

Previous Address if less than 5 years: _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ State Issued: _____ ☐ Female ☐ Male

I CERTIFY THAT THE INFORMATION THAT I PROVIDED IS TRUE AND CORRECT. I UNDERSTAND THAT FALSE INFORMATION, MISREPRESENTATIONS AND OMISSIONS MAY DISQUALIFY ME FROM CONSIDERATION TO VOLUNTEER, OR MAY RESULT IN TERMINATION OF MY VOLUNTEER DUTIES.

First Applicant's Signature: _____ Date Signed: _____

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Second Applicant's Name: _____
Last First Middle

Other Names Used: _____

Current Address: _____

Previous Address if less than 5 years: _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ State Issued: _____ ☐ Female ☐ Male

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Second Applicant's Signature: _____ Date Signed: _____