



Camp Host Application

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? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no, what time of year can mail reach you here?</i>	Is this a forwarding address only? 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: _____

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 various size/length RV. However, we reserve the right to place you in a different site than planned.

Make/Year of RV: _____ Motorhome Fifth Wheel Trailer Tent Other

Length of entire unit: _____ Is there an extra tow vehicle? Yes No Length: _____

Slide out? Yes No How Many? _____ Both Sides? _____ Electrical Amps Needed? _____

Will you accept a site without sewer hookups? Yes No

Do you have a satellite dish? Yes No Is it mounted on your RV? Yes No

Part 6: My/Our Park Preferences, Dates of Availability, and Park Assignments

Use the chart below to indicate the parks that you would like to work at and the dates you are available. Keep in mind that if you list specific parks, you may not be considered for other openings. If you'd like to be considered for the entire park system, list "all available parks."

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.

Why is Park Hosting a volunteer job that you are interested in?

Please tell us something you would like us to know about you (ie. hobbies, interests, history, etc)

How did you learn about Josephine County Park's volunteer opportunities?

Thank you for your interest in volunteering for Josephine County Parks. Qualified applicants will be subject to a background check and if required, must meet minimum standards for driving a County vehicle. Upon scheduling, we will require you to complete a separate criminal history/background check form.

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 facts contained here within. 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, as provided upon scheduling.

Applicant's Signature: _____ **Date:** _____

Please send or fax this application to:

Josephine County Parks
125 Ringuette Street
Grants Pass, OR 97527

Phone: 541 474-5285 Ext 0
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.josephinecounty.com

<p style="text-align: center;">INSURANCE COVERAGE AND RESPONSIBILITIES OF VOLUNTEERS</p>

All volunteers will be provided a copy of their responsibilities.

Josephine County provides volunteers with certain insurance coverage as described below. Please read the following and sign below. If you have any questions, please ask your manager, supervisor, or Human Resources office.

General Insurance Coverage: Under certain circumstances, Josephine County will provide you with insurance coverage for bodily injury or property damage. This coverage is only available when:

1. Your actions are limited to only those duties assigned to you in your job description, or assigned to you by an authorized manager or supervisor; *and*
2. You perform your assigned duties reasonably and in good faith, and you do not act in a manner that is reckless, or with intent to cause harm.

The limits of this insurance coverage are provided in the Oregon Tort Claims Act, ORS 30.260 through 30.300.

Worker's Compensation Coverage: County elects to provide Worker's Compensation coverage for volunteers of the Sheriff's Office Reserves and Search & Rescue.

Accident Insurance Coverage: The County also provides coverage for accidents sustained while performing services as a Registered Volunteer. This coverage is only available when the injury occurs as the result of an accident which happens while performing assigned volunteer duties. This coverage is secondary insurance; it will pay \$5,000 for accidental death or disability and for eligible medical expenses up to \$25,000 only after any other available insurance is applied toward the medical bill.

Automobile Insurance Coverage: County-Owned Vehicles: Under certain circumstances, if you have an accident while you are driving a County-owned vehicle to perform assigned duties, the County will pay and defend claims against you for bodily injury or property damage. The County will also pay for any damage to the County vehicle.

Personal Vehicles: Under certain circumstances, if you have an accident while you are driving your personal vehicle (or All Terrain Vehicle- ATV, specialty vehicle, aircraft, or other vehicle) to perform assigned duties, the County will pay and defend claims against you for bodily injury or property damage to others. ***The County, however, shall not provide any insurance coverage for damages to your vehicle.*** Payment of any claims by the County is secondary to your personal automobile insurance.

Any coverage for accidents while driving County-Owned vehicles or Personal vehicles is only available when:

1. You are driving as part of those duties assigned to you in your job description, or assigned to you by an authorized manager or supervisor; *and*
2. You drive in a reasonable, cautious, and prudent manner, and follow all applicable laws, with due regard for safety; *and*
3. You immediately report the accident to your manager or supervisor; *and*
4. You cooperate fully with County Risk Management and Legal Counsel.

The limits of this insurance coverage provided in the Oregon Tort Claims Act, ORS 30.260 through 30.300.

Limitations: Josephine County will NOT provide you with insurance coverage, and you may be personally responsible for any bodily injury, property damage, or damage to a vehicle if:

1. Your actions are contrary to or not part of those duties assigned to you in your job description or by an authorized manager or supervisor; or
2. You act recklessly, maliciously, with the intent to cause damage or injury, or
3. You are accused of a crime; or
4. You fail to cooperate with the Risk Management Office or County Legal Counsel, or you act in a manner that is against the County's interests.

ACKNOWLEDGMENT

I have read and understand the “Insurance Coverage and Responsibilities of Volunteers”. I understand that if I am involved in any accident, or cited with a traffic violation, or if I have knowledge of any situation which may result in an injury to any person or property, I am required to immediately report the incident to my manager or supervisor.

If I use a County-owned vehicle in performing my volunteer duties, I understand and agree that:

1. I will only use the vehicle for trips that are directly related to my volunteer duties, and I will not use the vehicle for personal purposes.
2. I will follow all laws for driving the vehicle, and I will drive the vehicle in a reasonable, safe manner.

If I use my personal vehicle (including my ATV, specialty vehicle, aircraft, or other vehicle) in performing my volunteer duties, I understand and agree that:

1. I will maintain my transportation in good working condition, and I will maintain insurance coverage on my vehicle as required by Oregon law.
2. I understand that my own personal insurance will be responsible first, in the event of an accident.
3. I understand that the County will not pay for any damage to my vehicle.
4. I also understand that I must operate any vehicle in accordance with all the laws.

If I use my personal animal (i.e. horse, dog) in the performance of my assigned duties, I understand and agree that:

1. My animal must be trained in the tasks being required of it and well socialized with no aggressive behaviors prior to allowing it around people or other animals.
2. I must have complete control of my animal at all times.
3. The County will not pay for any medical treatment for my animal or any costs to replace my animal.

Signature of Volunteer

Date

My signature acknowledges that I have read and understand all responsibilities of a County volunteer and I have received a copy of the ‘Insurance Coverage and Responsibilities of Volunteers’.

**NOTICE OF DISCLOSURE/
AUTHORIZATION TO RELEASE INFORMATION**

Please read carefully before signing.

As a volunteer applicant to Josephine County, I am required to furnish information for use in determining my qualifications and suitability to perform the volunteer duties. I understand that any or all information contained in my volunteer application may be subject to verification or investigation by any duly authorized agent of Josephine County. I also understand that criminal history, credit report and driving records will be checked if in the judgment of Josephine County such records are relevant to the duties for which my application to volunteer is made.

I understand that in the event information from credit or criminal history report is utilized in part or in whole in making an adverse decision with regard to my potential to volunteer that I will be provided a copy of the report and a description in writing of my rights under the law before any the adverse action is taken. I have the right to request in writing, within a reasonable time that a disclosure of the nature and scope of the information requested. *(such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested whichever is later.)* According to the Fair Credit Reporting Act, I am entitled to know if a volunteer opportunity is denied because of information obtained from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.

I voluntarily and knowingly give my consent for full and complete release of any and all information or opinions you may have concerning, but not necessarily limited to my: qualifications, suitability, moral character, credit credentials, references, performance, education, job description, disciplinary actions, complaints or grievances against me, personnel investigative files and records of arrest, trial and/or conviction.

I understand that Josephine County may use this release to request information and records about my qualifications and suitability to volunteer from any educational institution, credit reporting agency, employer, person, firm, corporation, law enforcement agency, private individual, government agency and their officers, employees, successors and agents.

In consideration of your cooperation, I agree to hold harmless, release and discharge the person or entity to whom this release form is presented and his/her/its officers, employees, successors and agents from and against any and all claims, damages, losses and expenses, including reasonable attorney's fees, present or future, whether known or unknown, arising out of, incidental to or by reason of complying with this release and disclosure of information. This release and discharge includes, but is not limited to claims of defamation, libel, slander, negligence of interference with contract or profession.

I agree to hold Josephine County harmless from and against 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, when presented by a duly authorized agent of Josephine County to serve as a valid release even though the photocopy does not contain an original writing of my signature.

This release expires one year after the date it is signed.

Volunteer's Printed Name: _____ Social Security #: _____
Last First Middle

Other Names Used: _____ Date of Birth: _____ Female Male

Current Address: _____

Previous Address if less than 5 years: _____

Driver's License #: _____ State Issued: _____ Email Address: _____

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 IF I VOLUNTEER IN THE FUTURE OR AM ALREADY VOLUNTEERING FOR THE COUNTY, THAT MY VOLUNTEER DUTIES AND RESPONSIBILITIES MAY BE TERMINATED.

Volunteer's Signature: _____ Date Signed: _____

**CONFIDENTIALITY AND
ETHICS AGREEMENT**

Confidentiality is the preservation of information disclosed in a professional working relationship. Certain information you obtain as a volunteer regarding clients and patrons is confidential. Disclosure of such information could make you legally liable for violating confidentiality laws.

There are many specific laws on what information is considered to be confidential, and what information is considered to be public. In general, any information that relates to a specific person is confidential.

Disclosing confidential information will lead to immediate dismissal as a volunteer with Josephine County. In addition, disclosure of confidential information or improper use of confidential information to your benefit may result in criminal charges being brought against you. Fines range from \$2,500.00 to \$25,000.00, as well as imprisonment in jail.

ACKNOWLEDGMENT

I acknowledge that I have read and understand the above information:

Signature of Volunteer

Date

**IF YOU HAVE ANY QUESTION AT ALL AS TO WHAT SPECIFIC INFORMATION IS
CONFIDENTIAL, SEE YOUR SUPERVISOR**