

OREGON DEPARTMENT OF FORESTRY

CAMP HOST VOLUNTEER APPLICATION



SECTION 1: APPLICANT INFORMATION

Name: _____ DOB: _____

Driver's License #: _____ State of Issue: _____

Social Security #: _____

Name: _____ DOB: _____

Driver's License #: _____ State of Issue: _____

Social Security #: _____

Permanent Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Mailing Address (if different than above): _____

City: _____ State: _____ ZIP: _____

Occupation / Retired: _____ E-Mail: _____

Why are you interested in volunteering as a Camp Host?

At which facility or facilities are you interested in hosting? (Check All that Apply)

- | | | | |
|---|--|--|-------------------------------------|
| <input type="checkbox"/> Gales Creek | <input type="checkbox"/> Jones Creek | <input type="checkbox"/> Nehalem Falls | <input type="checkbox"/> Spruce Run |
| <input type="checkbox"/> Browns Camp | <input type="checkbox"/> Tillamook Forest Center | <input type="checkbox"/> Reehers Camp | <input type="checkbox"/> Stagecoach |
| <input type="checkbox"/> Northrup Creek | <input type="checkbox"/> Santiam Horse Camp | | |

When are you available to host? _____

Do you have any medical / physical conditions we should take into consideration when assigning chores / tasks?

Type of Camping Equipment: Camper Trailer / 5th Wheel Motor Home

Size or Length of Trailer or Motor Home: _____ Extra vehicle? Yes No

Will you have a pet with you? *(Current rabies vaccination required. Please bring copy with you.)* Yes No

SECTION 2: REFERENCES

A. References: *(Personal or Past Employers)*

1. Name: _____ Phone: _____
Address: _____
May we contact? _____

2. Name: _____ Phone: _____
Address: _____
May we contact? _____

B. Camp Host References: *(please fill out if you have camp host experience)*

1. Park Name/Location: _____ Dates: _____
Supervisor: _____ Phone: _____
May we contact? _____

2. Park Name/Location: _____ Dates: _____
Supervisor: _____ Phone: _____
May we contact? _____

SECTION 3: SKILLS & EXPERIENCE

1. Do you have a current CPR & First Aid certification? *(not required)* Yes No

2. Do you have experience using a two-way radio? *(not required)* Yes No

3. What special skills, knowledge, or experience would you bring to the Camp Host position?

- | | |
|--|--|
| <input type="checkbox"/> Photography | <input type="checkbox"/> Firefighting/Fire Lookout history |
| <input type="checkbox"/> Interpretation/ Education | <input type="checkbox"/> Botany, Plant Identification |
| <input type="checkbox"/> Natural History | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Bird, Animal Identification | <input type="checkbox"/> Bookkeeping / clerical |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Forestry |

Certification and Signature

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related process, whether made by me or by others at my request, will result in rejection of my application, denial of volunteer service, or dismissal from volunteer service if discovered after volunteer service begins.

- I certify that all statements contained herein are true and complete whether made by me or by others at my request.
- I authorize the State of Oregon to verify education and training information provided on this application.
- I authorize the State of Oregon to check my driving record if the position for which I am applying requires driving.
- I understand that this application is subject to a criminal violation and record check.
- I release the State of Oregon and all providers of information from any liability as a result of furnishing and receiving any information related to the State of Oregon’s volunteer program hiring process.

Applicant Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

Return Application To:

Camp Host Program
Attn: Andy Austill
801 Gales Creek Road
Forest Grove, OR 97116

Hours: 8:00 AM. – 5:00 P.M (*Monday – Friday*)

Office Use Only

Date Received: _____

Date Contacted: _____

Contacted By: _____

Action Taken: _____

Scheduled to Host: Yes No

Facility: _____

Dates: _____