Oregon Department of Forestry
Volunteer Camp Host Application

Please fill out this application and return it to the Recreation Coordinator. Your skills and site preferences will be reviewed against available host positions. Social Security Number will be requested for required criminal history check prior to final placement.

Please return to: Jahmaal Rebb, Recreation Coordinator
801 Gales Creek Road / Forest Grove, OR 97116

Contact Phone: (503) 858-4322
Email: Jahmaal.Rebb@oregon.gov

Applicant Information

Applicant 1

Last | First | Middle Initial

Date of Birth | Occupation /Retired

Applicant 2

Last | First | Middle Initial

Date of Birth | Occupation /Retired

Permanent Address

Street

City | State | Zip

Mailing Address

Street

City | State | Zip

Home Phone | Cell Phone

Email Address

What months (May – October) are you available to host? _____

At which facilities are you interested in hosting? (*check all that apply*)
Note: *This application is for Campground Hosts only. If you would like to be considered for the Tillamook Forest Center in addition to the campgrounds, please fill out the application attached to the Tillamook Forest Center flyer.*

- ☐ Gales Creek
- ☐ Jones Creek
- ☐ Nehalem Falls
- ☐ Spruce Run
- ☐ Reehers Camp
- ☐ Browns Camp
- ☐ Northrup Creek
- ☐ Santiam Horse Camp

Living arrangements: Hosts must provide their own living quarters in the form of a camper, 5th wheel, trailer or motor home. *Tents will not be considered.* Please indicate the type and size of your set-up so that you can be matched to a host site that will accommodate your vehicles.

Type | Size | Extra Vehicle?

Will you be bringing a pet with you? ☐ Yes ☐ No
If yes, please note that current vaccination records are required upon arrival.

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

Please describe in a few sentences any specific or special skills you bring to the Camp Host position.

_____

_____

_____

Previous Camp Host or Volunteer Experience

Volunteer Position _____ Organization _____

Dates of Service _____ Supervisor _____

Phone _____ May we contact? ☐ Yes ☐ No

Volunteer Position _____ Organization _____

Dates of Service _____ Supervisor _____

Phone _____ May we contact? ☐ Yes ☐ No

References *(personal or past employers)*

Name _____ Relationship _____

Phone _____ May we contact? ☐ Yes ☐ No

Name _____ Relationship _____

Phone _____ May we contact? ☐ Yes ☐ No

Certification & 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** _____

Office Use Only Received_____ Contacted_____ Staff_____

Placed ? Yes No Location_____ Dates_____