**2017 CAMPGROUND HOST APPLICATION**

|  |  |
| --- | --- |
| Full Name: |       |
|  | First | Middle | Last |
|  |  |  |  |
| Street Address: |       |
|  |  |  |  |
| City, State, Zip |       |
|  |  |  |  |
| Phone 1: |       | Phone 2: |       |
|  |  |  |  |
| Fax:  |       | Email |       |
|  |  |  |  |
| Date of Birth: |       | Driver License # |       |

Please list all other individuals who will reside at the campsite (attach additional sheets as needed):

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |       | Date of Birth |       |
|  | (first, middle, last) |  |  |
| Relationship To Host: |       | Driver license #: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |       | Date of Birth |       |
|  | (first, middle, last) |  |  |
| Relationship To Host: |       | Driver license #: |       |

|  |  |
| --- | --- |
| Your Occupation: |       |
|  |  |
| Special Training: |       |
|  |  |
| Hobbies, Skills |       |
| and Interests: |  |
|  |       |
|  |  |
| Previous Volunteer |       |
| Experience: |  |
|  |       |
|  |  |
| What are your goals |       |
| as a volunteer? |  |
|  |       |

 **CAMPGROUND HOST APPLICATION, Continued**

|  |  |
| --- | --- |
|  |  |
| Dates you can serve: |       |
|  | (From) |  | (TO) |
|  |  |  |  |
|  |  |  |  |

Please list all sites where you have previously served as a campground host (including private or county sites):

|  |
| --- |
|       |
|  |
|       |

List 3 references:

|  |  |  |  |
| --- | --- | --- | --- |
| Reference 1 |  |  |  |
| Full Name: |       | Phone: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Reference 2 |  |  |  |
| Full Name: |       | Phone: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Reference 3 |  |  |  |
| Full Name: |       | Phone: |       |

I hereby give permission for the City of Atlantic to conduct a criminal history and sex offender registry record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law. I hereby certify that if I have been informed and understand that my selection into the volunteer campground host program is contingent upon the City of Atlantic’s review of my criminal and sex offender history, and that the results of my criminal and sex offender history check will be shared with the City Administrator and the Parks & Recreation Director.

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Signature:** |  | **Date:** |  |

**Return this form to the Seth Staashelm, Parks & Rec Director at**

**City of Atlantic: Department of Parks and Recreation**

**23 E. 4th St.**

**Atlantic, IA 50022**

**Email:** sstaashelm@cityofatlantic.com

**Fax: 712-243-4407, Attn: Seth Staashelm, Parks & Rec Director**