WASHINGTON STATE PARKS & RECREATION COMMISSION
VOLUNTEER PROGRAM

Park Host Application

I am a: ☐ New Applicant ☐ Returning Host

APPLICANT (1) CONTACT INFORMATION	APPLICANT (2) CONTACT INFORMATION
Name (Last, First, Middle)	Name (Last, First, Middle)
Phone Number ☐ Landline ☐ Mobile	Phone Number ☐ Landline ☐ Mobile
E-mail	E-mail

PRIMARY MAILING ADDRESS

Street Address / P.O. Box		
City	State	Zip Code

EXPERIENCE & REFERENCES

Are you retired? ☐ Yes ☐ No
Please list your previous or current occupation:

Have you been a host at other parks or recreation areas? ☐ Yes ☐ No

If yes, please list park, location, and dates served:

Please list any skills, training, knowledge, or experience that you feel can contribute to Washington State Parks:

Please list two personal or professional references below. May we contact your references? ☐ Yes ☐ No

1. Name	Phone Number	Relationship
2. Name	Phone Number	Relationship

AVAILABILITY & PREFERRED LOCATIONS

When are you available to start hosting (Month/Year)?	How long do you anticipate hosting (e.g., this year only or longer)?

Check the months you are available to serve as a volunteer park host:
☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec ☐ ALL

List the state parks or regions (e.g., Eastern, NW or SW) where you prefer to host. If no preference, please write "ANY".

1	2	3	4

If your preferred parks are full during the time you are available, are you willing to host at other parks with openings? ☐ Yes ☐ No

RV/CAMPING UNIT INFORMATION

What kind of camping unit will you use? ☐ Motorhome ☐ 5th Wheel ☐ Trailer ☐ Boat ☐ Other: _____

Make/Year of RV or boat: _____ Is there an extra or tow vehicle? ☐ Yes ☐ No	Total length of campsite/moorage needed: _____ ft	Minimum hook-ups needed: ☐ Water ☐ Sewer ☐ Electricity Amps: _____

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PARK HOST APPLICATION
P&R A-171 (10/2023)

DAN: GS 03046
RETAIN: 6 years after authorization superseded or separation from agency.

GENERAL QUESTIONS

Will any other people be residing with you at the host site? ☐ Yes ☐ No

If yes, please provide their names and ages:

Will you have a pet with you? ☐ Yes ☐ No

If yes, please indicate what kind (e.g., dog, cat, etc.) and how many:

Do you have any work limitations? ☐ Yes ☐ No

If yes, please explain:

Are you related to a State Parks staff member or volunteer? ☐ Yes ☐ No

If yes, please provide their name and relationship:

How did you learn about the Park Host Program?

☐ State Parks website ☐ Facebook/social media ☐ Other volunteer ☐ RV/boat show ☐ Park ☐ Other:

BACKGROUND CHECK STATEMENT

Per RCW 79A.05.030(10), the Washington State Parks and Recreation Commission requires a criminal background check for volunteers who may have unsupervised access to children or vulnerable adults; or with persons who will be responsible for collecting or disbursing agency cash or processing credit/debit card transactions.

APPLICANT ACKNOWLEDGEMENT & SIGNATURE

As a park host applicant, I acknowledge the following:

1. In order to be considered for a volunteer position as a park host, I must consent to a State and Federal background check using fingerprints.
2. I understand that my acceptance as a park host is contingent upon review of my background check results. Certain convictions or incarcerations may prohibit my acceptance.
3. All persons aged 18 and older residing at the park host site are required to submit to the above mentioned criminal background check prior to residing at the host site.
4. I offer my services of my own free choice and acknowledge that I am engaging in this activity as a volunteer, at my own request. I understand that volunteers are not considered employees of the State of Washington and acknowledge that I will not receive any wages for my services.
5. The information I have provided is true and accurate.

Applicant (1) Signature	Date
Applicant (2) Signature	Date

PLEASE SUBMIT COMPLETED APPLICATIONS TO:
E-mail: Parks.Volunteer@parks.wa.gov
Mail: WA State Parks Volunteer Program
        PO Box 42650
        Olympia, WA 98504-2650

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