



Forsyth County Parks & Recreation Department

VOLUNTEER CAMPGROUND HOST APPLICATION

This information is required to be considered for a campground host position.

****Please refer to Host Policy, Timetables and Length of Service**

Applicant's Name		Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No		Co-Applicant's Name		Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address				Address			
City, State, ZIP				City, State, ZIP			
Telephone		E-Mail Address		Telephone		E-Mail Address	
Occupation (current or past)				Occupation (current or past)			
Drivers License Number and State of Issue		Date of Birth		Drivers License Number and State of Issue		Date of Birth	
Have you attended training for Volunteer Campground Hosts? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Date of Training-				Have you attended training for Volunteer Campground Hosts? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Date of Training -			
Have you served as a Volunteer Host before? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, where?				Have you served as a Volunteer Host before? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, where?			
Dates served				Dates served			
What special talents/interests do you have?				What special talents/interests do you have?			
Use reverse side if additional space is needed.				Use reverse side if additional space is needed.			
Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, what and when? _____				Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, what and when? _____			
List names of all family members (in addition to Applicant and Co-Applicant) who will reside full-time on the campsite. _____ _____							
Will any pets reside with you? If so, what kind? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Dog/s - How many? ____ <input type="checkbox"/> Cat/s - How many? ____ <input type="checkbox"/> Other (specify) _____							
Would you serve as a Volunteer Campground Host at a Rustic Campground? <input type="checkbox"/> No <input type="checkbox"/> Yes				What kind of camping equipment will you use? <input type="checkbox"/> Motor Home <input type="checkbox"/> Trailer/Camper		Size/Length of Unit	

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List two references and their relationship to you.			
Name		Name	
Address		Address	
City, State, ZIP		City, State, ZIP	
Telephone	Relationship	Telephone	Relationship
In Case of Emergency, please notify:			
Name and address of person to be notified (not living with you)		Relationship	Telephone
<ul style="list-style-type: none"> • <i>I certify that I have willfully provided all information on this application and it is true and accurate.</i> • <i>I understand that the information provided is required under the authority of the Forsyth County Parks & Recreation Department for the safety and well-being of all persons who utilize public campground facilities and this information will become public record.</i> • <i>I understand that a criminal history check may be obtained prior to my appointment as a Volunteer Campground Host.</i> • <i>I understand that once I have accepted a host assignment, I cannot change my assignment and will provide notice should I/we need to leave.</i> • <i>I agree to abide by State and Federal laws and Department policy which prohibit discrimination in employment, education, housing, public accommodations, law enforcement or public service based on religion, race, color, national origin, age, sex, martial status, height, weight, or disability.</i> • <i>I further certify that I have read, understand, and have signed the Campground Host Policy</i> • <i>I further certify that I have read, understand and agree to abide by the Campground Host-Volunteer Program Policy.</i> 			
Applicant's Signature		Date	Co-Applicants Signature
			Date

SUBMIT TO THE FORSYTH COUNTY PARKS & RECREATION DEPARTMENT

ATTN: TANGLEWOOD PARK CAMPGROUND DIRECTOR

FOR PARK SUPERVISOR USE ONLY

Approved by: _____

Confirmed Dates of Assignment _____

Park Supervisor Signature _____

Date _____

Criminal History Check completed and Volunteer is approved _____