

Park Host Application

Applicant (1) Contact Information			Applicant (2) Contact Information		
Name (last, first)			Name (last, first)		
Phone number			Phone number		
Email			Email		
Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X/Non-binary			Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X/Non-binary		
Primary Mailing Address			Primary Mailing Address		
Street Address/P.O. Box			Street Address/P.O. Box		
City	State	Zip Code	City	State	Zip Code
Experience and References					
Have you previously been employed by Port of Benton <input type="checkbox"/> Yes <input type="checkbox"/> No					
If so, please list dates of employment:					
Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please list your previous or current occupation:					
Have you been a host at other parks or recreation areas? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please list the park(s) and dates served:					
Please list any skills, training, knowledge, or experience that you feel can contribute to Crow Butte Park:					
Please list two personal or professional references below. May we contact your references? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name		Phone Number		Relationship	
Name		Phone Number		Relationship	
RV/Camping Unit Information					
What kind of camping unit will you use? <input type="checkbox"/> Motorhome <input type="checkbox"/> 5 th Wheel <input type="checkbox"/> Trailer <input type="checkbox"/> Other:					
Make/Length of RV:					
Is there an extra tow vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No					
General Questions					
Will any other people be residing with you at the host site? <input type="checkbox"/> Yes <input type="checkbox"/> No					
*Please note: All adults (18yrs+) in the host site must be included in the application process. Please fill out additional Applicant sections on the next page.					
Will you have a pet with you? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please indicate what kind (e.g. dog, cat, etc) and how many:					
Do you have any work limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please explain:					
Background Check Statement					
The Port of Benton requires a criminal background check and drug screening for volunteers and hosts who may have unsupervised access to children or vulnerable adults; or with persons who will be responsible for collection or disbursing agency cash or processing cred/debit card transactions.					
Applicant Acknowledgement & Signature					
As a park host applicatn, I acknowledge the following:					
<ol style="list-style-type: none"> 1. In order to be considered for a volunteer position as a park host, I must consent to a criminal background check and drug screening. 2. I understnat that my consideration as a park host is contingent upon review of my background check and drug screening. Certain convictions or incarcerations may prohibit my consideration. 3. All persons aged 18 and older residing at the park host site are required to submit to the above mentioned criminal background check and drug screening prior to residing at the host site. 4. The information I have provided is true and accurate. 					
Applicant Signature					Date

Applicant (3) Contact Information			Applicant (4) Contact Information		
Name (last, first)			Name (last, first)		
Phone number			Phone number		
Email			Email		
Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X/Non-binary			Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X/Non-binary		
Primary Mailing Address			Primary Mailing Address		
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City	State	Zip Code	City	State	Zip Code

Applicant (5) Contact Information			Applicant (6) Contact Information		
Name (last, first)			Name (last, first)		
Phone number			Phone number		
Email			Email		
Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X/Non-binary			Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X/Non-binary		
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