



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 <input type="checkbox"/> Landline <input type="checkbox"/> Mobile		Phone number <input type="checkbox"/> Landline <input type="checkbox"/> Mobile	
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	
What race and/or ethnicity do you consider yourself? Select all that apply. <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Some other race, ethnicity or origin		What race and/or ethnicity do you consider yourself? Select all that apply. <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Some other race, ethnicity or origin	
Primary mailing address			
Street address / P.O. Box		City	State Zip code
Experience and references			
Have you previously been employed by Washington State Parks? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please list the Parks and 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 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> ALL <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec			
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
Are you willing to host at other available parks if your preferred park is full? <input type="checkbox"/> Yes <input type="checkbox"/> No			
RV/camping unit information			
What kind of camping unit will you use? <input type="checkbox"/> Motorhome <input type="checkbox"/> 5th Wheel <input type="checkbox"/> Trailer <input type="checkbox"/> Boat <input type="checkbox"/> Other:			
Make/Year of RV or boat:		Is there an extra or tow vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total length of campsite/moorage needed: ft		Minimum hook-ups: <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Electricity Amps:	

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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 in the host site must be included in the application process. Please fill out Applicant 2 section. If yes, please provide their names and ages:	
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:	
Are you related to a State Parks staff member or volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide their name and relationship:	
How did you learn about the Park Host Program? <input type="checkbox"/> State Parks website <input type="checkbox"/> Facebook/social media <input type="checkbox"/> Other volunteer <input type="checkbox"/> RV/boat show <input type="checkbox"/> Park <input type="checkbox"/> Other:	
<input type="checkbox"/> A P-009 has been submitted for all adults in the host site. <input type="checkbox"/> A Host Agreement has been completed for all adults who will be volunteering and submitting a volunteer timesheet.	
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 have been advised in writing that the fingerprints will be used to check criminal history, and I have the capability to review, update, correct, and challenge through the FBI. 5. 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. 6. The information I have provided is true and accurate.	
Applicant (1) Signature	Date
Applicant (2) Signature	Date
Submit completed applications to: E-mail: Parks.Volunteer@parks.wa.gov Mail: WA State Parks Volunteer Program PO Box 42650 Olympia, WA 98504-2650	
For State Parks use only	
<input type="checkbox"/> State check completed <input type="checkbox"/> Federal check completed <input type="checkbox"/> Application processed <input type="checkbox"/> Meets criteria <input type="checkbox"/> Does not meet criteria <input type="checkbox"/> Application entered Date completed: _____ Initials: _____	