



2010 Season Volunteer Camp Host Application Clackamas County Parks

Full Name Applicant 1		Full Name Applicant 2	
Social Security# - - -	Birthdate mm/dd/yyyy / /	Social Security# - - -	Birthdate mm/dd/yyyy / /
Drivers License State & #		Drivers License State & #	
Mailing Address, City, State, Zip			
Alternate Address, City, State, Zip			
Phone # ()	Cell # ()	Message Service # ()	

Applicant #1

T-shirt Size (in men's): <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large <input type="checkbox"/> 2X <input type="checkbox"/> 3X	
<input type="checkbox"/> Yes <input type="checkbox"/> No - Have you ever been convicted of a misdemeanor or felony, other than a traffic violation?	
<input type="checkbox"/> Yes <input type="checkbox"/> No - Are you able to perform the duties of the position for which you are applying?	
<input type="checkbox"/> Employed <input type="checkbox"/> Retired	(Past) Employer:
<input type="checkbox"/> Yes <input type="checkbox"/> No - May we contact them?	Phone Number: ()

Applicant #2

T-shirt Size (in men's): <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large <input type="checkbox"/> 2X <input type="checkbox"/> 3X	
<input type="checkbox"/> Yes <input type="checkbox"/> No - Have you ever been convicted of a misdemeanor or felony, other than a traffic violation?	
<input type="checkbox"/> Yes <input type="checkbox"/> No - Are you able to perform the duties of the position for which you are applying?	
<input type="checkbox"/> Employed <input type="checkbox"/> Retired	(Past) Employer:
<input type="checkbox"/> Yes <input type="checkbox"/> No - May we contact them?	Phone Number: ()

List 2 most recent camp host experiences

Agency:	Dates of Service	From:	To:
Address:	Supervisor:		
	Phone Number: ()		
	<input type="checkbox"/> Yes <input type="checkbox"/> No - May we contact them?		
Duties:			

Agency:	Dates of Service	From:	To:
Address:	Supervisor:		
	Phone Number: ()		
	<input type="checkbox"/> Yes <input type="checkbox"/> No - May we contact them?		
Duties:			

Reference

Name:	
Address:	Phone Number: ()

In Case of Emergency, please notify:

Name:	
Address:	Phone Number: ()
	Relationship:

Total People to reside in Camp Host Site: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	
Pets:	
Cats: #_____	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both In/Out
Dogs: #_____	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both In/Out
Other: _____ #_____	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both In/Out
Camping Unit: <input type="checkbox"/> Motor home <input type="checkbox"/> 5 th Wheel <input type="checkbox"/> Trailer <input type="checkbox"/> Other _____	
Length: _____ feet	Extra Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any special interests and/or hobbies

Please Check your Park Preference (Enter the number order of preference)

Barton West	Barton West "A"	Barton East	Metzler South	Metzler North	Feyrer
<input type="checkbox"/> May	NO HOST	<input type="checkbox"/> May	<input type="checkbox"/> May	<input type="checkbox"/> May	<input type="checkbox"/> May
<input type="checkbox"/> June	<input type="checkbox"/> June	<input type="checkbox"/> June	<input type="checkbox"/> June	<input type="checkbox"/> June	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> July	<input type="checkbox"/> July	<input type="checkbox"/> July	<input type="checkbox"/> July	<input type="checkbox"/> July
<input type="checkbox"/> August	<input type="checkbox"/> August	<input type="checkbox"/> August	<input type="checkbox"/> August	<input type="checkbox"/> August	<input type="checkbox"/> August
<input type="checkbox"/> September	NO HOST	<input type="checkbox"/> September	<input type="checkbox"/> September	<input type="checkbox"/> September	<input type="checkbox"/> September
NO HOST	NO HOST	<input type="checkbox"/> October	NO HOST	NO HOST	NO HOST

If the Parks Department had an emergency host cancellation, would you be able to fill in on short notice?
 Yes No

By submitting this application and signing below, I affirm that the information presented is true and complete. Any falsification or misrepresentation may result in disqualification from employment consideration. My signature also affirms that I release from liability any employer, person, or employee supplying reference information regarding me and my previous employment. I also release Clackamas County from all liability which may result from making any investigation of information provided in the application materials. I am aware that a criminal background check will be done on all applicants as part of the selection process.

 Signature Date

 Signature Date

Thank you for taking the time to apply with Clackamas County Parks.

Please send application to:
 Clackamas County Parks Dept.
 Attn: Thomas Gray
 150 Beaver Creek Rd.
 Oregon City, OR 97045

**If you have any questions or concerns, do not
 hesitate to contact me:**
 Office: 503-742-4423 Cell: 503-799-7297
 Fax: 503-637-6408
 tomgra@co.clackamas.or.us