

COLLETON STATE PARK
Volunteer Services
2012/2013 Application for Park Host
(PLEASE PRINT IN INK OR TYPE)

PERSONAL DATA:

Name _____

Last First Middle

Adress _____

Street/PO Box City State Zip

Phone: (HOME) (____) _____ - _____ (ALTERNATE) (____) _____ - _____

Email address: _____

Are you authorized to work in the U.S.? Yes _____ No _____

Do you possess a valid Driver's License? Yes _____ No _____

Driver's License Number _____

Exp. Date _____

Have you ever been convicted of a crime other than minor traffic violations? Yes _____ No _____

If "yes" Explain: _____

Note: A "yes" answer will not necessarily bar you from participation in this program. The nature, severity, and date of the offense in relation to the position applied for are considered.

SKILLS AND TRAINING:

Are you presently certified in: First Aid? Yes _____ No _____

CPR? Yes _____ No _____

List any special training or skills you possess which would be beneficial in a State Park environment.

RELATED EXPERIENCE:

Have you ever served as a Campground Host? Yes _____ No _____

LOCATION _____

SUPERVISOR _____ May we contact? Yes ___ No ___

PHONE: (____) _____ - _____

Additional locations may be included on a separate sheet of paper.

If "No" Please list two references:

Name: _____ Name: _____

Phone: (____) _____ - _____ Phone: (____) _____ - _____

MISCELLANEOUS DATA:

Please mark the blank space below next to the month or months you are interested in hosting.

- | | | |
|----------------------|----------------|------------------|
| 2012 | 2013 | 2013 |
| 1. __ September 2012 | 5. __ January | 11. __ July |
| 2. __ October 2012 | 6. __ February | 12. __ August |
| 3. __ November | 7. __ March | 13. __ September |
| 4. __ December 2012 | 8. __ April | 14. __ October |
| | 9. __ May | 15. __ November |
| | 10. __ June | 16. __ December |

Type of camping unit: Motor home ___ Pop-up ___ Travel Trailer ___ Other ___ (Specify):

LENGTH OF UNIT: _____

SELF-CONTAINED? Yes ___ No ___

Total number of persons who will occupy the host site? _____

Certification of Applicant: By my signature, I affirm, agree and/or understand that all statements on this form is accurate; any misrepresentation, falsification of materials, omission of information or data on this application may result in exclusion from further consideration, or if selected, termination of agreement: if I have requested that my former host supervisors not be contacted, an offer of a host position may be conditioned upon the acceptable information and verification from such supervisors prior to beginning service.

APPLICANT:

Signature _____ Date: _____

Mail Applications to: Colleton State Park
147 Wayside Lane
Walterboro, SC 29488
ATTN: HOST PROGRAM