



## VOLUNTEER CAMPGROUND HOST APPLICATION

This information is required to be considered for a campground host position by authority of Part 741, 1994 PA 451, as amended.

**\*\*Please refer to Host Policy #6.7, 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? _____		
Are you currently charged with a felony or misdemeanor? <input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, what and when? _____			Are you currently charged with 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 - How many? ____ <input type="checkbox"/> Cat - How many? ____ <input type="checkbox"/> Other (specify) _____ - How many? ____					
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"/> Tent <input type="checkbox"/> Motor Home <input type="checkbox"/> Trailer/Camper		Size/Length of Unit

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List State Parks and dates you would be available to serve as Volunteer Campground Host(s)			
<u>1st Choice</u>		Available From	To
<u>Alternate Choice</u>		Available From	To
Indicate Region(s) of State Parks you would be available to serve as Volunteer Campground Host(s) if the choices above are not available.			
<input type="checkbox"/> Anywhere in Michigan		<input type="checkbox"/> Southern Lower Peninsula	<input type="checkbox"/> Northern Lower Peninsula <input type="checkbox"/> Upper Peninsula
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"> <li>• I certify that I have willfully provided all information on this application and it is true and accurate.</li> <li>• I understand that the information provided is required under the authority of the Michigan Department of Natural Resources for the safety and well-being of all persons who utilize public campground facilities and this information will become public record.</li> <li>• I understand that a criminal history check may be obtained prior to my appointment as a Volunteer Campground Host.</li> <li>• I understand that once I have accepted a host assignment, I cannot change my assignment to another State park and will provide notice should I/we need to leave.</li> <li>• 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.</li> <li>• I further certify that I have read, understand, and have signed the PR0511, Volunteer Release and Waiver of Liability.</li> <li>• I further certify that I have read, understand and agree to abide by the Campground Host-Volunteer Program Policy#6.7.</li> </ul>			
Applicant's Signature		Date	Co-Applicants Signature
Applicant's Shirt Size		Co-Applicant's Shirt Size	
<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> 1X
<input type="checkbox"/> 2X	<input type="checkbox"/> 3X	<input type="checkbox"/> S	<input type="checkbox"/> M
		<input type="checkbox"/> L	<input type="checkbox"/> 1X
		<input type="checkbox"/> 2X	<input type="checkbox"/> 3X

**SUBMIT TO THE MICHIGAN STATE PARK(S) INDICATED AS YOUR  
1<sup>ST</sup> CHOICE TO SERVE AS A VOLUNTEER CAMPGROUND HOST.**

**FOR PARK SUPERVISOR USE ONLY**

Approved by: \_\_\_\_\_

Confirmed Dates of Assignment \_\_\_\_\_

Park Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Criminal History Check completed and Volunteer is approved \_\_\_\_\_



# VOLUNTEER RELEASE AND WAIVER OF LIABILITY

Required by authority of the Michigan Department of Natural Resources, for volunteer assignment consideration.

**Please read carefully! This is a legal document that affects your legal rights!**

The State of Michigan, as an Equal Opportunity Institution, complies with federal and state laws prohibiting discrimination and harassment, including Title IV and Title VII (with amendments) of the 1964 Civil Rights Act, Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, Veterans Readjustment Act of 1974 as amended 38 USC 20-12 and the Americans With Disabilities Act of 1990. It is the policy of the State that no person, on the basis of race, sex, height, weight, color, religion, national origin or ancestry, age, marital status, disability or veteran status, shall be discriminated against in educational programs, activities, and employment.

The Michigan Department of Natural Resources (DNR) encourages and supports volunteers. As a volunteer, I have an important role in providing services and programs to the public.

I want to work as a volunteer for the Michigan DNR which appoints people like me to serve and to help the Michigan DNR. While I am serving as a volunteer, I have the same immunity from civil liability under Michigan law as an employee of the Michigan DNR. After becoming a volunteer, the Michigan DNR will provide me with support, supervision, training, and supplies for me to accomplish my assigned tasks.

Therefore, I do freely, voluntarily, and without duress, execute this Release and acknowledge the following terms:

- 1. Waiver and Release.** I hereby release, waive, discharge and covenant not to sue the State of Michigan, its departments, officers, employees and agents, from any and all liability to me, for all losses, injury, death or damage, and any claims or demands thereto, on account of injury to person or property, or resulting in my death in reference to the activities authorized in my work as a volunteer. I hereby covenant and agree to indemnify and save harmless, the State of Michigan, its departments, officers, employees and agents, from any and all claims and demands, for all loss, injury, death or damage, that any person or entity may have or make, in any manner, arising out of any occurrence related to the activities authorized in my work as a volunteer.
- 2. Medical treatment.** I release and discharge Michigan DNR from any claim that arises or may arise due to any first aid, medical treatment, or service rendered to me. I understand that I may not be entitled to workers' compensation.
- 3. Assumption of risk.** I understand that my work for the Michigan DNR may include activities that may be hazardous. I assume the risk of injury or harm in those activities I choose to do and release the Michigan DNR from all liability for injury, illness, death, or property damage occurring from my work for the Michigan DNR.
- 4. Insurance.** The Michigan DNR does not have responsibility for providing any health, medical or disability insurance coverage for me. **IT IS MY RESPONSIBILITY AS A VOLUNTEER TO ENSURE I HAVE MEDICAL/HEALTH INSURANCE.** As with other members of the public, I may file a claim with the State Administrative Board for personal losses that are under \$1,000.
- 5. Photographic release.** I grant to Michigan DNR the right to use photographic images and video or audio recordings of me that are made by Michigan DNR or others during my work assignment for Michigan DNR, including royalties, proceeds or other benefits from use of the photographs or recordings.
- 6. Copyright laws.** I understand that showing videos in public that are intended for home viewing is prohibited under the U.S. copyright laws.
- 7. Background check.** I understand that a criminal history check may be obtained prior to my appointment as a volunteer. My signature below certifies that I agree to a criminal history check and agree to provide Michigan DNR with my date of birth.
- 8. Discrimination laws.** I agree to follow Michigan DNR's policy, along with state and federal laws that forbid discrimination in employment, education, housing, public accommodation, law enforcement or public service based on a person's religion, race, color, national origin, age, sex, marital status, height, weight, or disability.
- 9. In-kind service.** The Michigan DNR is eligible for some grants that require that the grant dollars received be matched by the Michigan DNR. Many grants allow the use of in-kind services as a portion of this match in lieu of actual dollars. My signature certifies that I consent to the use of my volunteer time as a possible in-kind match for grants received by the Michigan DNR.
- 10. Other.** I agree that this Release is intended to be as broad and inclusive as permitted by the laws of Michigan, and that this Release is governed by and will be interpreted according to the laws of Michigan. I understand that should any part of this Release be ruled invalid by a court, the other parts will remain valid and continue to be in effect.

**VOLUNTEER**

**GROUP/ORGANIZATION**

**DATE(S) VOLUNTEERING**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Group/Organization Name

\_\_\_\_\_  
From

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Parent/Guardian or Group Leader

\_\_\_\_\_  
To

\_\_\_\_\_  
Date of Birth