



# VOLUNTEER CAMPGROUND HOST APPLICATION

By authority of Parts 741 and 831 of Act 451, P.A. 1994, as amended.

APPLICANT INFORMATION			CO-APPLICANT INFORMATION		
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 (     )	Date of Birth	Driver License Number	Telephone (     )	Date of Birth	Driver License Number
Email <span style="float: right;">T-shirt size _____</span>			Email <span style="float: right;">T-shirt size _____</span>		
Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? _____			Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? _____		
List names of family members who will reside full time on the campsite:  _____					
Will any pets reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind? <input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Other: _____ How Many? _____					
Have you served as a Volunteer Host before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ Dates Served: _____					
What kind of camping equipment will you use? <input type="checkbox"/> Tent <input type="checkbox"/> Motor Home <input type="checkbox"/> Trailer/Camper Length of Unit: _____					
List State Parks/State Forest Campgrounds and dates you would be available to serve as Volunteer Campground Host(s):					
First Choice _____		Available From _____ To _____			
Second Choice _____		Available From _____ To _____			
List any special interests and/or talents that can help you in carrying out your host duties _____					
_____					
<b>PERSONAL REFERENCES</b> (please list two)					
Name _____			Name _____		
Address _____			Address _____		
City, State, ZIP _____			City, State, ZIP _____		
(     ) Telephone		Relationship	(     ) Telephone		Relationship
<b>EMERGENCY CONTACT</b>					
Person's Name (not living with you) to be notified _____					(     ) Telephone

**Please read the following conditions of employment and sign below:**

*I will reside during my agreement period as campground host in the State Campground to which I have been assigned.*

*I will stay at the facility for the convenience of the Department of Natural Resources, Parks and Recreation Division.*

*I will accept residence arrangements established by my assigned facility as a condition of my being accepted to perform volunteer services as a campground host.*

*I understand that this agreement can be terminated at any time by either party in writing and that past volunteer status does not obligate the State of Michigan to place me as a Campground Host in the future.*

*I understand that I may not be entitled to workers' compensation or liability protection.*

*I understand that all the information I have willfully provided on this application 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 that this information will become public record. I understand that a criminal history check may be obtained prior to my appointment as a campground host. I agree to perform the minimum required activities. I certify that this information is complete and true.*

*I agree to abide by Department Policy, State and Federal laws which prohibit discrimination in employment, education, housing, public accommodations, law enforcement or public service based on religion, race, color, national origin, age, sex, marital status, height, weight, or disability.*

*I certify that I have read, understand, and have signed the PR0511, Volunteer Release and Waiver of Liability.*

*I further certify that I have read, understand and agree to abide by the Campground Host-Volunteer Program Policy#6.7.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DNR Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campground Location

**PLEASE RETURN COMPLETED APPLICATION TO:**

**STATE PARK CAMPGROUND**

**MICHIGAN STATE PARK(S) INDICATED AS YOUR 1ST CHOICE TO SERVE AS A VOLUNTEER CAMPGROUND HOST.**

**STATE FOREST CAMPGROUND**

**VOLUNTEER COORDINATOR  
PARKS AND RECREATION DIVISION  
OR MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
P.O. BOX 30257  
LANSING, MI 48909**

**For DNR Use Only**

**CRIMINAL HISTORY CHECK COMPLETED AND VOLUNTEER IS APPROVED**

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

\_\_\_\_\_  
DNR Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campground Location