OREGON DUNES
NATIONAL RECREATION AREA

Volunteer Application
Please complete one application for each host applicant

Last Name: _____ First Name: _____ Middle Initial: _____
Last Name: _____ First Name: _____ Middle Initial: _____
Date of Birth: ____/_____/____ SSN: ____/___/_____
Date of Birth: ____/_____/____ SSN: ____/___/_____
Drivers License Number: _____ State Issued: _____
Drivers License Number: _____ State Issued: _____

Mailing Address:
Street: _____
City, St., Zip: _____ Phone: _____

Cell/Message Phone: _____ E-Mail: _____

In order to properly perform their duties, this person/persons is required to accept employer provided accommodations as defined elsewhere in this agreement. Per IRS regulations the value of the accommodations will not be included in your gross income.

Campground Host ____ Off Road Vehicle Campground Host ___ Day Use Host_____
Location/Park Preferred: 1st _____ 2nd _____
List all available dates: _____thru _____

Experience:
Have you ever been a host at another park? Yes __ NO ___ If yes please list experience:
(Park Location, Supervisor's Name & Phone #, and Duties, Dates worked)
_____
_____
_____
_____
_____
_____
_____

Year, Type & Length of RV: _____

Extra Vehicle: Yes ___ No _____

Do you have a pet? Yes ____ No ____ (current rabies certificate required, bring copy with you)

How did you learn about our host program? From Current Host_____ Ad _____
Other_____
Retired? _____ Previous/Current Occupation: _____

REFERENCES: Address City-State-zip Phone # # of Years
_____
_____
_____

Do you have any medical/physical conditions we should consider when assigning tasks & duties?
_____

Have you ever been convicted of a felony? No ___ Yes _____ if yes explain:
_____
_____

I, _____, hereby certify that the information provided by me on this application is true and correct to the best of my knowledge and belief. I hereby grant the U.S. Forest Service permission to verify facts contained in this application. I hereby authorize the release of any relevant information such as driving record and criminal history record check for verifying my eligibility to volunteer for the U.S. Forest Service. I understand that the information released by agencies and employers is for official use only and only for the purpose provided on this form and may only be disclosed by the Agency authorized by law.

Applicants Signature: _____

Office Use Only
Application Received at _____ office, Date _____

Action/Contacted via: Phone___ Fax ___ E-Mail _____ Snail Mail ___ Date _____

Interview Results:
_____
_____
_____

Site Scheduled: _____ Assignment Dates: _____

Other Information:
_____
_____

Name of Person who completed this section: _____
Revised (5-02)

O.D.N.R.A. Volunteer Host Coordinator 541-271-6016
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Reedsport, Or. 97467