

# Coos County Parks & Recreation



## Volunteer Caretaker/ Park Host Application

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1. Applicant(s) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Phone (including area code)

\_\_\_\_\_ Email address

\_\_\_\_\_ Driver's License Number

2. Number of family members who will be residing at park: (including applicant(s))  
\_\_\_\_\_

3. Employed: \_\_\_\_\_ Retired: \_\_\_\_\_

4. Occupation, if employed: \_\_\_\_\_

5. Outdoor interests or hobbies: (fishing hunting, gardening, birdwatching, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

6. Camping equipment to be used by (**HOST ONLY**)

Camper \_\_\_\_\_ Motorhome \_\_\_\_\_ Trailer \_\_\_\_\_

Size of length of equipment: \_\_\_\_\_

7. Will you have an extra vehicle? \_\_\_\_\_

8. Do you have any pets? \_\_\_\_\_ (Only for camp host- **Caretaker residence no pets allowed**)

9. Name of campground where you prefer to locate:

LaVerne \_\_\_\_\_ Bastendorff \_\_\_\_\_ Powers \_\_\_\_\_ Riley \_\_\_\_\_ Other \_\_\_\_\_

10. Would you go to any park? \_\_\_\_\_

11. Dates you will be available: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

12. How did you learn about Coos County Parks Volunteer Park Caretaker/Host Program:  
\_\_\_\_\_  
\_\_\_\_\_

13. Have you been a caretaker / host in other parks? If yes, please list parks and approximate dates.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. May we contact these parks for reference? \_\_\_\_\_

15. What are reasons for volunteering for a Park Caretaker/Host position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. What do you hope to contribute and gain from the Park Caretaker/Host program?

\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

COOS COUNTY PARKS & RECREATION DEPARTMENT

Telephone: 541-396-7757 FAX: 541-396-1017

Email: [coospark@co.coos.or.us](mailto:coospark@co.coos.or.us)

*I authorize the investigation of all matters that Coos County may deem relevant to my qualifications for this duty.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

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

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