



Friends Landing

Montesano, Washington

A FACILITY OF THE  PORT OF GRAYS HARBOR

Camp Host Application

(Please complete one application for each host applicant)

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address

Winter/Alternate Address

Street:	Street
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Alt/Cell/Message Phone:	Alt/Cell/Message Phone:
Dates at Address:	Dates at Address:

Email Address: _____

Will you have a pet with you? Yes _____ No _____

(Current rabies vaccination certificate required, bring a copy with you)

Volunteer Skill Assessment – I have skills/experience/interest in the following areas:

<input type="checkbox"/> Athletic/Sports	<input type="checkbox"/> Engineering/Planning	<input type="checkbox"/> Accounting/Bookkeeping
<input type="checkbox"/> Routing/Trail Signs	<input type="checkbox"/> Bird/Animal Identification	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Safety Training	<input type="checkbox"/> Boating Certification	<input type="checkbox"/> Interpretation
<input type="checkbox"/> First Aid	<input type="checkbox"/> Arborist	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Teaching/Schools	<input type="checkbox"/> Clerical/Secretarial	<input type="checkbox"/> Maintenance/Repairs
<input type="checkbox"/> Training/Supervision	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Masonry/Concrete
<input type="checkbox"/> Writing or Publications	<input type="checkbox"/> Computer/Data Entry	<input type="checkbox"/> Photography/Drawing
<input type="checkbox"/> Research/Statistics		
Other Interests: _____		
Other Languages: _____		
Customer Service Exp. _____		

List all available dates: _____ thru _____

(And/Or): _____ thru _____

Previous/Current Occupation: _____ Retired?: _____

Have you ever been a host at other parks? Yes _____ No _____ If yes, please list the latest parks and dates:

Park: _____ Dates: _____

Park: _____ Dates: _____

Driver's License Number: _____ State of Issue: _____ Exp. Date: _____

Personal/Professional References

Address, City, State, Zip, Phone

of Years

1.	
2.	

Do you have current CPR certification? Yes _____ No _____ Expiration Date: _____

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

Have you been convicted of a felony? Yes _____ No _____ If yes, explain include date(s): _____

Type, size or length of equipment: _____ Extra Vehicle? Yes _____ No _____

How did you learn about our Host position? _____

Anything else you would like us to know about you? _____

I, _____, hereby certify the information provided by me on this application is true and correct to the best of my knowledge and belief. I hereby grant the Port of Grays Harbor, my permission to verify facts contained in this application. I hereby authorize the release of any relevant information such as reference checks, driving records, criminal history, education, work history and background for verifying my eligibility to volunteer at the Friends Landing RV Park and Campground.

Applicant's Signature: _____ **Date:** _____

For Current and Returning Friends Landing Hosts:

I have _____ have not _____ completed the PGH safety orientation program: Date Completed: _____

I have been a volunteer for _____ years at the following parks and have approximately _____ total hours logged.

Park(s): _____

Port of Grays Harbor Staff Use Only:

Date Application Received: _____ Action: Contacted via: Phone _____ Fax _____ E-mail _____ Mail _____

Interview Results: _____

SEND APPLICATION MATERIALS TO:

Satsop Business Park
150 Technology Way
Elma, WA 98541
Fax: (360) 482-1555
FriendsLanding@PortGrays.org
For questions contact us at (360) 482-1581