



VIRGINIA STATE PARKS CAMPGROUND HOST APPLICATION

Form DCR199-069, 09/08



Date _____

Name: _____

(First, Middle, Last)

Preferred Name: _____

Address: _____

Email _____

Date _____

Name: _____

(First, Middle, Last)

Preferred Name: _____

Address: _____

Email _____

Phone/cell	Date of Birth

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SKILLS/INTERESTS:

Do you have any particular skills you would like to use as a volunteer?

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How many years have you been camping?

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Have you volunteered as a campground host before? *(Circle one)* **YES** **NO**

Have you volunteered as a campground host before? *(Circle one)* **YES** **NO**

If so, list the location(s), dates, and duties:

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Other volunteer experience:

Other volunteer experience:

HEALTH:

Please list any medical conditions which might affect your ability to perform the duties of a campground host:

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REFERENCES:

List three persons not related to you who know your qualifications.

	Name	Phone	Relationship
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

REFERENCES:

List three persons not related to you who know your qualifications.

	Name	Phone	Relationship
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Why do you want to be a campground host in Virginia? _____

How did you learn about our campground host program? _____

AVAILABILITY

Where would you prefer to be a host? Please indicate your top three choices.

CHOICE 1-3	SITES	CAMPGROUND HOST	AVAILABILITY DATES <i>Start-End</i>
	Bear Creek Lake State Park		<u>thru</u>
	Belle Isle State Park		<u>thru</u>
	Chippokes Plantation State Park		<u>thru</u>
	Claytor Lake State Park		<u>thru</u>
	Douthat State Park		<u>thru</u>
	Fairy Stone State Park		<u>thru</u>
	First Landing State Park		<u>thru</u>
	Grayson Highlands State Park		<u>thru</u>
	Holliday Lake State Park		<u>thru</u>
	Hungry Mother State Park		<u>thru</u>
	James River State Park		<u>thru</u>
	Kiptopeke State Park		<u>thru</u>
	Lake Anna State Park		<u>thru</u>
	Natural Tunnel State Park		<u>thru</u>
	Occoneechee State Park		<u>thru</u>
	Pocahontas State Park		<u>thru</u>
	Smith Mountain Lake State Park		<u>thru</u>
	Staunton River State Park		<u>thru</u>
	Twin Lakes State Park		<u>thru</u>
	Westmoreland State Park		<u>thru</u>

Type of Camping Equipment (*Circle one*):

Camper

Trailer

Motor Home

Size or length of equipment (including slide out): _____

Will you have an additional vehicle? _____ YES _____ NO

(It is recommended that hosts bring a vehicle for personal transportation)

Will you have a pet with you? _____ YES _____ NO

If so, what kind? _____

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

EMERGENCY CONTACT INFORMATION

Person to contact in case of an emergency *Name:* _____
Phone _____ *Relationship:* _____
Address: _____

Please complete and mail to:

Gaston E. Rouse Jr.
SP Dir. of Volunteer and Alternative Resources
Leesylvania State Park
2001 Daniel Ludwig Dr.
Woodbridge VA 22191

Or E-mail: VSPcamphost@dcr.virginia.gov