



**County of Sonoma
VOLUNTEER PROGRAM
Personnel Department
575 Administration Drive, Suite 116B
Santa Rosa, CA 95403
(707) 565-2317**



Status

VOLUNTEER APPLICATION for CAMP HOSTS		Date:	
		OFFICE USE ONLY	
		Referred to:	Job
			Status
Volunteer area of interest		1.	
		2.	
		3.	
First Name	Last Name		
Home Phone	Work Phone	Best Time to Reach You	
Address	City	State	Zip Code

SUMMARIZE MAJOR WORK EXPERIENCE			
Job Title	Company/Organization/Agency	Duties	How Long?

This job requires a background check. Please fill this section in if you are applying for such a position.

Birth Date: _____ CA Driver's License #: _____ Social Security #: _____ - -

Have you ever been convicted of a felony or misdemeanor? Yes No
If yes, please explain: _____

Have you been put on probation or has your driver's license been suspended or revoked within the last five years? Yes No
If yes, please explain: _____

I authorize the County to perform a background check as necessitated by the volunteer position I'm applying for.

SIGNATURE _____

The following information is for statistical purposes only and is an optional part of the application

<p>How did you learn about the program?</p> <p><input type="checkbox"/> Personnel Department Bulletin Board</p> <p><input type="checkbox"/> County Employee</p> <p><input type="checkbox"/> Press Democrat Classified</p> <p><input type="checkbox"/> Posted Bulletin</p> <p><input type="checkbox"/> School _____</p> <p><input type="checkbox"/> Other (please specify) _____</p>	<p>Age Category:</p> <p><input type="checkbox"/> Under 18</p> <p><input type="checkbox"/> 18 - 40</p> <p><input type="checkbox"/> 41 - 65</p> <p><input type="checkbox"/> over 65</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p>	<p>Check on</p> <p><input type="checkbox"/> Asian/Pacific Islander</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> White</p>
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Volunteer Contact Log Page #	Date Recorded/Initials: / /	Interviewer's Initials:
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CAMPGROUND HOST SUPPLEMENTAL QUESTIONNAIRE**1. List volunteer experience in past 10 years**

Name of Agency:	Dates of Service:	From:	To:
Address:			
Supervisor:	Phone Number:		
Duties:			
Name of Agency:	Dates of Service:	From:	To:
Address:			
Supervisor:	Phone Number:		
Duties:			
Name of Agency:	Dates of Service:	From:	To:
Address:			
Supervisor:	Phone Number:		
Duties:			

2. List any previous camp host experience

Name of Agency:	Dates of Service:	From:	To:
Address:			
Supervisor:	Phone Number:		
Duties:			
Name of Agency:	Dates of Service:	From:	To:
Address:			
Supervisor:	Phone Number:		
Duties:			
Name of Agency:	Dates of Service:	From:	To:
Address:			
Supervisor:	Phone Number:		
Duties:			

3. List past experience with public contact / service			
Name of Agency:	Dates of Service:	From:	To:
Address:			
Supervisor:	Phone Number:		
Duties:			
Name of Agency:	Dates of Service:	From:	To:
Address:			
Supervisor:	Phone Number:		
Duties:			
Name of Agency:	Dates of Service:	From:	To:
Address:			
Supervisor:	Phone Number:		
Duties:			

4. List past experience with money handling			
Name of Agency:	Dates of Service:	From:	To:
Address:			
Supervisor:	Phone Number:		
Duties:			
Name of Agency:	Dates of Service:	From:	To:
Address:			
Supervisor:	Phone Number:		
Duties:			
Name of Agency:	Dates of Service:	From:	To:
Address:			
Supervisor:	Phone Number:		
Duties:			

5. What dates are you available and for how long?

**6. What kind of recreational vehicle or travel trailer do you have?
Please attach a photograph.**

7. What do you hope to gain from your experience?

**8. What expectations or needs do you have in relation to being a
campground host?**

**9. What special skills do you have to offer (i.e., other languages,
hobbies, interests, interpretative programs you may be interested
in etc.)?**

**10. Do you have any physical limitations which would keep you from
performing the duties outlined on the Park Host sheet; or any
other information you would like us to know?**

11. References:			
List places of employment for last 10 years			
Name of Agency:	Dates of Service:	From:	To:
Address:			
Supervisor:	Phone Number:		
Duties:			
Name of Agency:	Dates of Service:	From:	To:
Address:			
Supervisor:	Phone Number:		
Duties:			
Name of Agency:	Dates of Service:	From:	To:
Address:			
Supervisor:	Phone Number:		
Duties:			

12. List four other references we can contact			
Name:	Dates of Service:	From:	To:
Address:			
Relationship:	Phone Number:		
Name:	Dates of Service:	From:	To:
Address:			
Relationship:	Phone Number:		
Name:	Dates of Service:	From:	To:
Address:			
Relationship:	Phone Number:		
Name:	Dates of Service:	From:	To:
Address:			
Relationship:	Phone Number:		