

LOUISIANA STATE PARKS
APPLICATION FOR CAMPGROUND HOST

Name: _____

Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

1. Why do you want to be a Louisiana State Parks Campground Host? _____

2. Have you previously been a host at Louisiana State Parks? _____ If "yes," at which park(s) have you hosted? _____

3. Park you prefer: First Choice _____

Second Choice _____

Third Choice _____

4. What dates will you be available for Campground Host service? _____

5. Are there times when you cannot serve? _____

6. I will be able to serve as a "Campground Host" for:

4 weeks

6 weeks

8 weeks

Beginning Date: _____

7. Have you previously been a host in other states? Yes No

8. Are you and your spouse actively employed? Yes No

9. Do either you or your spouse have any physical handicap, disease, or other disability that should be considered in scheduling or assigning you to work? _____ If answer is "yes", give details on separate sheet and attach to application.

10. If selected, what type of camping unit will you use? _____

11. Do you have any first-aid training? _____ If "yes," please list types: _____

REFERENCES FOR PREVIOUS CAMPGROUND HOST SERVICE: (Briefly describe any Campground Host service which you have rendered, and the job duties you performed.)

Name of most recent campground at which you performed service: _____

Date of Service: _____

Immediate Supervisor: _____

Phone: _____

Detail of Duties: _____

Name of previous campground at which you performed service: _____

Date of Service: _____

Immediate Supervisor: _____

Phone: _____

Detail of Duties: _____

Name of most recent campground at which you performed service: _____

Date of Service: _____

Immediate Supervisor: _____

Phone: _____

Detail of Duties: _____

SKILL RATING: Please rate your level of knowledge, skill, training and experience for each of the tasks in the following areas:

- 1 = Little or no experience
- 2 = Intermediate level of experience
- 3 = Extensive experience

PUBLIC RELATIONS:

Information Desk Experience _____
Fliers, exhibits, bulletin boards _____
Public speaking _____

ADMINISTRATION:

Record Keeping _____
Employee Supervision _____
Cash Sales _____
Programming _____
Nature Walks _____
Campfire Programs _____
Audio-Visual _____
Recreation Leadership _____
Wildlife Identification _____
Plant Identification _____
Bird Identification _____

CAMPING:

Recreational Vehicle _____
Tent Camping _____
Primitive Camping _____

LANDSCAPING:

Trails work _____
Horticultural _____

MAINTENANCE:

Plumbing _____
Electrical _____
Other _____

OTHER:

First Aid, CPR, Lifesaving _____

Additional comments or information regarding special skills: _____

List three references who are not relatives:

NAME	OCCUPATION	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please attach a sheet giving a short narrative about yourself and your spouse, and any family member that may be with you. Please describe your expectations of the Campground Host Program, and anything else you consider relevant.

Applicant's Signature _____
Date

Applications must be submitted at least one month prior to date you wish to begin. Submit application by clicking button at beginning of document, or by printing and mailing to the following address:

Campground Host/Volunteer Coordinator
La. Office of State Parks
Post Office Box 44426
Baton Rouge, LA 70804-4426