



# 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