

# RAVEN ROCK STATE PARK



## Campground Host Application

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_  
current or past

Please list other members of your family and their ages that will reside full time at the host campsite:

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

Will you be available to serve as campground host for at least 4 consecutive weeks during the host program?

Yes  No

What months would you be available?

1<sup>st</sup> choice \_\_\_\_\_ 3<sup>rd</sup> choice \_\_\_\_\_  
2<sup>nd</sup> choice \_\_\_\_\_ 4<sup>th</sup> choice \_\_\_\_\_

Are you familiar with North Carolina State Parks?  Yes  No

How many years have you been a camper? \_\_\_\_\_

If selected, what type of camping unit will you use? \_\_\_\_\_

Do you have any special skill, talents, training which would be of benefit to the program, such as first aid and/or CPR Certification, environmental educations, etc. Include any outdoor experience that you have (work-related or otherwise) which would help you in the position:

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Please list two references:

1. Name \_\_\_\_\_ Occupation \_\_\_\_\_ Telephone \_\_\_\_\_  
2. Name \_\_\_\_\_ Occupation \_\_\_\_\_ Telephone \_\_\_\_\_

I understand that I will not receive any compensation for the above work and that volunteers are not considered State employees for any purpose other than a tort claim. I also understand that my services and camping privileges may be terminated at any time at the discretion of the division.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_