

CITY OF AMITY

109 Maddox Avenue
P.O. Box 159
Amity, OR 97101

Ph: (503) 835-3711
Fax: (503) 835-3780



VOLUNTEER PARK HOST APPLICATION

Last Name: _____

First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Message Phone: _____

Driver's License No. _____ State Issued: _____

Social Security No. _____ Are you employed? Yes No

Name of Employer: _____ Phone: _____

Have you hosted in other parks? Yes No

Park _____ Date: _____

Park _____ Date: _____

Do you have any medical/physical conditions we should take into consideration when assigning tasks/chores to you?

Yes ___

No ___

If yes, please explain:

Type of Recreational Vehicle:

Camper ___

Trailer ___

5th Wheel ___

Motor Home ___

Size of Recreational Vehicle _____

Year of Recreational Vehicle _____

State briefly your reasons for volunteering for a Park Host position _____

Criminal History Verification of Applicant:

The following questions are to assist in determining a prospective volunteer's fitness as an applicant. The City will conduct a criminal background check on all prospective volunteers. A "Yes" answer does not automatically disqualify a prospective volunteer. If you answer "Yes" to any question, please provide details on a separate sheet, including the state where the conviction occurred. Each situation will be evaluated individually:

1. Have you ever been convicted of any crime other than a minor traffic offence?
Yes ___
No ___

2. Have you ever been subject to a court order barring you from contact with any minor children and/or senior citizen?
Yes ___
No ___

3. Other than the above, is there any fact or circumstance that would call into question your ability to supervise, guide and care for children and/or senior citizens?
Yes ___
No ___

I hereby give the City of Amity permission to check civil and criminal records to verify any statement made on this form. I also hereby give the City permission to contact persons or organizations named in the application or contact any person or organization that may have information concerning me to verify any statement made on this form. I hereby release and agree to hold harmless the City of Amity, its employees and volunteers.

The facts set forth on this application are true and correct to the best of my knowledge. I understand that false statements on this form will be considered sufficient cause to deny my application to be accepted as a volunteer or to dismiss me from volunteer work.

References (Not related to you)

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Occupation: _____
Relationship: _____ Number of years known: _____

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Occupation: _____
Relationship: _____ Number of years known: _____

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Occupation: _____
Relationship: _____ Number of years known: _____

Print Name

Signature

Date