



IDAHO STATE PARKS & RECREATION 2019 VOLUNTEER APPLICATION FORM

For individuals scheduled to work more than 40 hours in a month.

Send completed application to: IDPR Volunteer Services Coordinator, 5657 Warm Springs Ave., Boise, ID 83716

Last Name: _____ First Name: _____

Permanent Mailing Address: _____ City, State, Zip: _____

Alternate Address: _____ City, State, Zip: _____

Permanent Phone: (_____) _____ Message Phone: (_____) _____

E-mail Address: _____

I. Skills and Experiences

1. Previous/Current Occupation: _____

2. Hobbies/Skills which may help in your volunteer work: _____

3. Do you have any type of previous volunteer experience? Yes No

4. Briefly describe your relevant work or volunteer experience: (Please attach a resume if you have one)

5. With which type(s) of work do you have **experience** and also with which are you **willing** to do again? Check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Campground Host | <input type="checkbox"/> Display Design | <input type="checkbox"/> Music/Dance |
| <input type="checkbox"/> Visitor Center --
Meeter/Greeter | <input type="checkbox"/> Photography | <input type="checkbox"/> Retail Skills |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Teaching | <input type="checkbox"/> Bookkeeping |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> First Person Interpretation | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Grounds Keeping | <input type="checkbox"/> Re-enactment | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Trail Cutting/Maintenance | <input type="checkbox"/> Campfire Programs | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Computer Reservation Systems | <input type="checkbox"/> Flora/Fauna Identification | <input type="checkbox"/> Desktop Publishing |
| | <input type="checkbox"/> Computer Word Processing | <input type="checkbox"/> Carpentry/Construction |

Other: _____

6. Is there a person or group with whom you are **particularly interested** in working? Check all that apply.

- | | | |
|---|---------------------------------|---|
| <input type="checkbox"/> No preference | <input type="checkbox"/> Teens | <input type="checkbox"/> Young children |
| <input type="checkbox"/> Agency Staff | <input type="checkbox"/> Adults | <input type="checkbox"/> Seniors |

People with disabilities

Others: _____

7. Are there any groups with which you would **not feel comfortable** working? Yes No – Please Explain:

--See Other Side/Page To Complete--

II. Availability

I have no specific location preference, I'll consider any park.

When are you available? Start date: _____ End date: _____

1. Where would you like to work?

Dates Available (MM/DD/YYYY):

First Choice **Park or Area:** _____ Start: _____

End: _____

Second Choice **Park or Area:** _____ Dates Available (MM/DD/YYYY):

Start: _____

End: _____

2. Would you accept a position in a different state park? Yes No

3. How many ADULTS are in your camping group? _____ YOUTH (16 years or younger)? _____

4. Will you have a pet with you? Yes No How many? _____

5. What type of camping unit do you have? _____ Length: _____ Ft. # Slideouts: _____

6. Extra Vehicle? Yes No How many? _____

7. What type of hook-ups are essential at the host site? Water Electricity Sewer I must have full hook-ups

8. What special accommodations would you need to do volunteer work? _____

9. Do you have access to an automobile you can use for volunteer work? Yes No

III. Background Information

1. How did you hear about us?

Saw Job Description

Web Site or Post Card

Volunteer Services Coordinator

State Park or Other Facility

Referred by Friend/Volunteer

Trade Show or Other Event

Other: _____

2. Do you have current CPR/First Aid certification? Yes No Expiration Date: _____

3. Please list **3 references** that know of your work quality. **DO NOT INCLUDE RELATIVES.**

Name:

Phone #:

Relationship:

1. _____ () _____

2. _____ () _____

3. _____ () _____

I certify the information provided by me on this application is true and correct to the best of my knowledge and belief. I grant the state of Idaho, Idaho Department of Parks & Recreation (IDPR), my permission to verify facts contained in this application and authorize the release of relevant information such as reference checks and work history for verifying my eligibility to volunteer with IDPR.

Applicant's Signature: _____ Date: _____