



City of Coos Bay
500 Central Avenue, Coos Bay, OR 97420
541-269-8912

Volunteer Park Host Application

NAME _____
Last First Middle

ADDRESS _____ PHONE _____

EMAIL ADDRESS _____ Driver's License _____

Number of family members who will be residing at park (including applicant): _____

Occupation: _____

Specific outdoor interests or hobbies (fishing, hunting, botany, gardening, bird watching, etc.) _____

Camping equipment to be used by Host: Camper _____ Trailer _____ Tent _____

Motor Home _____ Size or length of equipment _____

Will you have an extra vehicle? Yes _____ No _____

Dates available: _____ thru _____

Will you be available to volunteer any time during rest of year? _____

Dates available: _____ thru _____

How did you learn about the program? _____

Have you been a host in other parks? _____

If yes, please list parks and approximate dates: _____

What are your reasons for volunteering for a Park Host position? _____

What do you hope to contribute and gain from the Park Host program? _____

Applicant Signature

Date

Applicant Signature

Date