

## VOLUNTEER APPLICATION

Name(s): 1. \_\_\_\_\_  
 2. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Occupation: 1. \_\_\_\_\_ Retired? Yes  
 2. \_\_\_\_\_ Retired? Yes

Have you held a position similar to State Park Volunteer elsewhere? Yes No

If yes, where? \_\_\_\_\_ Briefly describe your duties:

Please choose what areas you're interested in volunteering for:

- |                           |                      |  |
|---------------------------|----------------------|--|
| Vehicle/mower maintenance | Trail maintenance    | Visitor Center volunteer                   |
| Maintenance               | Campground attendant | Campground host <i>(skip to section B)</i> |
| Special projects          | Office volunteer     |  |

### SECTION A: VOLUNTEERS

Please choose the park(s) you prefer:

Please enter date(s) and duration of time available for volunteering: *(ex: Every Tuesday May-August, 10 a.m.-1 p.m.)*

### SECTION B: CAMPGROUND HOSTS

Please choose the park(s) and session date(s) you prefer. How many sessions would you like?

PARK CHOICE(S):

SESSION DATE CHOICE(S):

1st:

2nd:

3rd:

4th:

5th:

Length and type of rig: \_\_\_\_\_

Would you accept a position in a different state park? **Yes** **No**      Shirt size(s): \_\_\_\_\_  
If positions are full, could you be available on standby? **Yes** **No**      \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Phone #: \_\_\_\_\_

Where did you hear about the ND State Park Volunteer Program? \_\_\_\_\_

**References:** Please provide at least two contact names per individual for references.

1. **NAME:** \_\_\_\_\_

**Volunteer Supervisor  
OR Past or Present Employer:**

**Personal Reference:**

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

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. **NAME:** \_\_\_\_\_

**Volunteer Supervisor  
OR Past or Present Employer:**

**Personal Reference:**

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

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Return completed application to:**

North Dakota Parks and Recreation  
Attn: Lynn Spomer  
PO Box 5594  
Bismarck, ND 58506

**Submit form by email:**

Save, attach and email to  
LSpomer@nd.gov

Or

Phone: 701-328-5357 | Email: LSpomer@nd.gov | Fax: 701-328-5363

*The ND Parks and Recreation Department continues to work with local and state health officials to provide a safe experience at our parks that minimizes the risk of exposure to COVID-19. By volunteering at our facilities, you assume the risk that you may be exposed to or infected by COVID-19. The department encourages all volunteers to follow the CDC's recommendations on social distancing and personal hygiene. Thank you for helping us do our part to be ND Smart.*