

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 Vol	lunteer elsewhere?	Yes	No	
If yes, where?		Briefly des	cribe your dut	ies:
Please choose what areas you're interested in vol Vehicle/mower maintenance Maintenance Special projects	lunteering for: Trail maintenance Campground attend Office volunteer	ant	Visitor Cente Campground	r volunteer d host (skip to section B
SECTION A: VOLUNTEERS Please choose the park(s) you prefer:				
Please enter date(s) and duration of time available	e for volunteering: (ex:	Every Tuesdo	ay May-August,	10 a.m1 p.m.)
SECTION B: CAMPGROUND HOSTS Please choose the park(s) and session date(s) you PARK CHOICE(S): 1st:		ssions would		
2nd:				
3rd:				
4th:				
5th:				
Length and type of rig:				

ould you accept a	position in a different state park?	Yes No	
positions are full, could you be available on standby?		Yes No	
case of emergency, notify:		Phone #:	
here did you hear	about the ND State Park Volunteer Progra	ımş	
ferences: Please	provide <u>at least two contact names</u>	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:			
eturn completed of orth Dakota Parks of tn: Lynn Spomer O Box 5594	• •	Submit form by email: Save, attach and email to LSpomer@nd.gov	

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

Bismarck, ND 58506