

# Ventura County Parks Host Application

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
(First, Full Middle, Last)

Address: \_\_\_\_\_  
(Street, City, State, ZIP)

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Drivers License: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(State, EXP. Date)

**Employment:**

	<u>Employer</u>	<u>Position</u>	<u>Date of Service</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Education:**

(Please circle highest level completed)

**HS/GED**

**Vocational**

**College**

**Graduate Study**

**Name(s) of others staying with Applicant:**

\_\_\_\_\_  
(First, Full Middle, Last)

\_\_\_\_\_  
(First, Full Middle, Last)

\_\_\_\_\_  
(First, Full Middle, Last)

**Have you been a Camp Host before: Y/N**

If so, please list the Location(s), dates and duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Skills/Interests:**

Do you have any particular skill you would like to use as a Host?

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**Conviction Record:**

If you (or other person listed above) have ever been convicted of a crime, please describe:

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**Health:**

Please list any medical conditions, which might affect your ability to perform the duties of a Park Host:

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**References:**

List three persons not related to you who know your qualifications:

	<b>Name</b>	<b>Phone</b>	<b>Relationship</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I certify that all statements are true to the best of my knowledge. I agree and understand that any misstatements or omissions of material facts on my part may forfeit my right to serve as a Park Host of Ventura County Parks, even if discovered after I have begun operating as a Park Host. I understand that a background check will be required for me and any other adult residing with me.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Availability:**

Where would you prefer to be a host? Please indicate your top three choices and indicate whether you are applying for a Park Host or Community Center.

Choice 1-3	Sites	Park Host	Community Center Host	Available Dates Start / End
	Casitas Springs	XXXXXXXXXXXXXX		thru
	Camp Comfort		XXXXXXXXXXXXXX	thru
	Dennison		XXXXXXXXXXXXXX	thru
	Foster (Day Use)		XXXXXXXXXXXXXX	thru
	Foster (Residence)		XXXXXXXXXXXXXX	thru
	Foster (Red Mountain)		XXXXXXXXXXXXXX	thru
	Oak View	XXXXXXXXXXXXXX		thru
	Santa Rosa (Equestrian)		XXXXXXXXXXXXXX	thru
	Soule		XXXXXXXXXXXXXX	thru
	Steckel		XXXXXXXXXXXXXX	thru
	Tapo		XXXXXXXXXXXXXX	thru
	Toland		XXXXXXXXXXXXXX	thru

**Type of camping Equipment:**

Camper \_\_\_\_\_ Trailer \_\_\_\_\_ Motor Home \_\_\_\_\_

Size or length of equipment (including slide out): \_\_\_\_\_

Will you have an additional Vehicle? Y/N  
 (It is recommended that hosts bring a vehicle for personal transportation)

Pet:  
 Will you have a pet with you? Y/N  
 What Kind? \_\_\_\_\_  
 (Dogs are required to have all shots and be licensed)

Person to contact in case of emergency:  
 Name: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_  
 Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Contact Date: \_\_\_\_\_ Date tentatively scheduled: \_\_\_\_\_  
 Action Taken: \_\_\_\_\_

Reference Checked: \_\_\_\_\_ Background Checked: \_\_\_\_\_  
 Park Scheduled: \_\_\_\_\_ Confirmed Date: \_\_\_\_\_

**Complete and Mail to:**  
 Camp Host Coordinator  
 Hall of Administration  
 800 South Victoria Avenue, L#1030  
 Ventura, California 93009

Or E-mail [county.parks@ventura.org](mailto:county.parks@ventura.org)