

Campground Host/Seasonal Campground Host

Volunteer Application

Sutter County General Services Division

146 Garden Highway, Yuba City, CA 95991
Phone Number (530) 822-7473 FAX Number: (530) 822-7249
Email: GS-FacMgmt@co.sutter.ca.us
Web Site URL: www.suttercounty.org

Type or print legibly using blue or black ink. Incomplete or illegible applications will not be considered. Make copies of any information you submit and wish to keep.

Title
Campground Host/ Seasonal Campground Host

Last Name First Name Middle Initial

Street and/or Mailing Address

City State Zip

Home Phone Cell Phone

1. The position requires a valid driver's license, please complete the following information:

State _____ Number _____ Class _____ Expiration Date _____

2. Have you ever been convicted of a crime? (Under California law, you may exclude convictions for marijuana-related offenses more than two years' old; convictions that have been sealed, expunged or legally eradicated; and misdemeanor convictions for which probation was completed and the case was dismissed.) Yes No

If yes, briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case:

3. Are you Currently or have you ever worked for Sutter County? Yes No

If "YES", please indicate position title and department. _____

If you previously worked for Sutter County under another name, please indicate: _____

4. Are you related by blood or marriage to any person(s) presently employed by the County? Yes No

(County rules prohibit certain employment of relatives.)

5. What Specific Dates are you available?

1. From (Month-Day-Year): _____

2. To (Month-Day-Year): _____

6. What type of camping unit will you be using if you are selected as a Campground Host?

Motor Home Make: _____

Pickup Camper Year: _____

Trailer

Other, Please Explain:

7. Camping Unit Length:

8. List all additional individuals who will reside full time at the campsite:

1.

2.

3.

4.

CAMPGROUND HOST EXPERIENCE

DO NOT INDICATE "SEE RESUME." Resumes are not acceptable as substitutes for any part of the application. Begin with your most recent host experience and list all host experience for the last five years. Describe your skills, knowledge and abilities completely as they relate to the position you are applying for. **ADDITIONAL PAGES MAY BE ATTACHED.**

Dates	Title and Description of Duties	Agency Information
A. Month/Day/Year From: _____ To: _____ Hours Per Week: _____	Your Title: Your Duties:	Agency: _____ Address: _____ City/State: _____ Supervisor: _____ Phone: _____ Reason for Leaving:
B. Month/Day/Year From: _____ To: _____ Hours Per Week: _____	Your Title: Your Duties:	Agency: _____ Address: _____ City/State: _____ Supervisor: _____ Phone: _____ Reason for Leaving:
C. Month/Day/Year From: _____ To: _____ Hours Per Week: _____	Your Title: Your Duties:	Agency: _____ Address: _____ City/State: _____ Supervisor: _____ Phone: _____ Reason for Leaving:
D. Month/Day/Year From: _____ To: _____ Hours Per Week: _____	Your Title: Your Duties:	Agency: _____ Address: _____ City/State: _____ Supervisor: _____ Phone: _____ Reason for Leaving:

CERTIFICATION AND AGREEMENT OF APPLICANT

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS ARE TRUE IN ALL RESPECTS AND I UNDERSTAND AND AGREE THAT MISSTATEMENTS AND/OR OMISSIONS OF MATERIAL FACT MAY BE CAUSE FOR DISQUALIFICATION OR REMOVAL. I UNDERSTAND AND AGREE THAT IT IS MY RESPONSIBILITY TO ENSURE THAT MY APPLICATION IS RECEIVED BY THE SUTTER COUNTY PUBLIC WORKS DEPARTMENT/GENERAL SERVICES DIVISION. I UNDERSTAND THAT IN EXCHANGE FOR THE DUTIES OUTLINED SUTTER COUNTY WILL PROVIDE AND PAY FOR A FULL HOOKUP INCLUDING WATER, SEWER, AND/OR WASTE WATER PUMPING, ELECTRICAL RV CONNECTION, AND PROPANE FOR THE CAMPGROUND HOST/SEASONAL CAMPGROUND HOST.

I UNDERSTAND A BACKGROUND INVESTIGATION WILL BE REQUIRED. I ALSO GRANT PERMISSION FOR THE COUNTY TO VERIFY ANY AND ALL INFORMATION CONTAINED WITHIN BY CONTACTING CURRENT AND FORMER AGENCIES, REFERENCES, AND ANY OTHER PERSON. I RELEASE ALL SUCH PERSONS FROM ANY LIABILITY OR DAMAGES ON ACCOUNT OF HAVING FURNISHED SAID INFORMATION. (YOUR CURRENT AGENCY WILL NOT BE CONTACTED UNLESS YOU ARE BEING CONSIDERED AS A FINALIST.)

SIGNATURE: _____ DATE: _____

For Official Use Only

Background Check _____ Contract _____