



# CAMPGROUND HOST VOLUNTEER APPLICATION

## Minnesota State Parks and Trails

### State Parks, Trails & Forest Campgrounds

Fill in the required information and click on the EMAIL button at the top of the form.  
OR, print form, fill out and mail to your first choice park.

**Notice of Intent to Collect Private Data:** Data about you as a DNR volunteer is classified as Personnel Data, Minnesota Statutes, section 13.43, subd.1. Volunteers are asked to provide private data, including address, telephone number, and email address, in order to facilitate your volunteer placement. You are not legally required to provide private data. However, if you do not provide the data we may not be able to contact you, you may not receive important documents, and we may not be able to place you appropriately for volunteer activities. Those who are allowed access to your private data include DNR staff who have a business need to know and anyone authorized by law.

Applicant's Name (First, M.I., Last)				
Address		City	State	Zip Code
Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation (Current or Past)		Home Phone Number (    )	
Cell Phone Number (    )		Email Address		

I hereby apply for a position as a Campground Host at a (mark correct box)

- State Park Campground
  State Forest Campground

1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice
------------------------	------------------------	------------------------

Have you ever camped at any of the above choices?     Yes     No

Are you familiar with State Park, State Forest Campground or Day Use Area Rules?     Yes     No

Approximately how many years have you been a camper?   

What dates are you available?

From: (Month-Day-Year)	From: (Month-Day-Year)
------------------------	------------------------

Volunteers are expected to serve at a campground for a period of four weeks. (See Guidelines for more details)

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

- Motor Home   
  Pickup Camper   
  Trailer   
  Tent

Size	Length
------	--------

Do you have vehicle liability insurance?

Yes                       No    If Yes, please complete the next box below.

Name of Insurance Company	Policy Number	Expiration Date
---------------------------	---------------	-----------------

List your specific outdoor interest or hobbies: (botany, hiking, bird watching, etc.)

List any special needs which may limit your work conditions:

List all additional immediate family members who will reside fulltime at the campsite:

Name (First, M.I. Last)	Relationship

Please list two (2) personal references:

Name	Occupation	Telephone No. (inc. area code)

**Submit:** You can mail your completed application to your 1<sup>st</sup> Choice Park **OR** you can email it to [campground.host@state.mn.us](mailto:campground.host@state.mn.us) and your application will be forwarded to the park.

Minnesota Department of Natural Resources  
Division of Parks and Trails, Box 39  
500 Lafayette Road  
St. Paul, MN 55155-4039  
651-259-5607

Updated 2/10