

## Monroe Park RV Host Application

Application for calendar year:	# of People Occupying the Host Site:		
1 <sup>st</sup> Applicant's Last Name:	First Name:	MI:	
2 <sup>nd</sup> Applicant's Last Name:	First Name:	MI:	
Full Name (s) of other people staying with not planning to Host	you at Host site: <i>Please check box</i>	after name if these people ar	е
	□		. $\square$
Will you have a pet with you? Yes □  Are you retired? Yes □ No □	No □ (Current rabies vaccination	certificates required)	
Previous Occupation (s):	Current Occupation	:	_
Part 1: Contact Information			

Street, City, St, Zip:	Street, City, St, Zip:
Phone #: Circle (landline, cell, msg, work)	Phone #: Circle (landline, cell, msg, work)
Alternate #: Circle (landline, cell, msg, work)	Alternate #: Circle (landline, cell, msg, work)
Is this a forwarding address only? Yes □ No □ If no, what time of year can mail reach you here?	Is this a forwarding address only? Yes $\square$ No $\square$ If no, what time of year can mail reach you here?
Primary email address:	Primary email address:

## Part 2: Past Hosting Experience Have you been a RV Host at another park or recreation area? Yes □ No □ (If yes, please complete the information below and list most recent experiences first) 1) Park: \_\_\_\_\_ State: \_\_\_\_ Public □ Private □ Host Type/Duties: Dates (from/to): Contact Name and Number: 2) Park: \_\_\_\_\_ State: \_\_\_\_ Public □ Private □ Host Type/Duties: Dates (from/to): Contact Name and Number: 3) Park: \_\_\_\_\_ State: \_\_\_\_ Public □ Private □ Host Type/Duties: \_\_\_\_ Dates (from/to): \_\_\_\_\_ Contact Name and Number: Part 3: References List two references for each applicant below. In the left column, please check whether these are personal of professional references and in the right column how long you have been acquainted with each. Applicant 1 Reference name Address, City, Phone Number How long have you State, zip known this person Personal Professional □ Personal □ Professional □ Applicant 2 Address, City, Phone Number How long have you Reference name State, zip known this person Personal Professional □ Personal Professional □

## Part 5: Recreational Vehicle Equipment

Please let us know about your RV.					
Make/Year of RV:	Motorhome □	Fifth Wheel □	Trailer □	Other □	
Length of entire unit:	Is there an extra tow vehicle? Yes □ No □ Length:				
Slide out? Yes □ No □ Electri	cal Amps Needed	? (The	City provide	es 50 / 30 / 20 Amp service	)
Thank you for your interest with become subject to a background check. Upon history/background check form.	on scheduling, we		•	• •	
Please read the statement and sign	gn below:				
information provided on this applicat hereby grant the City of Monroe peri Park Host job description and Respo accepted will authorize the release driving records, work and volunteer l	mission to verify factorial consibilities of City of any relevant inf history to verify my	acts contained he of Monroe Volu ormation pertain y/our eligibility to	ere within. I unteer Park ing to refere be a host a	/we have read the Monroe Host and understand if ence checks, criminal histor t Monroe City Park.	·у,
2 <sup>nd</sup> Applicant's Signature:					
Please send or fax this application					
The City of Monroe 664 Commercial St PO Box 486 Monroe, OR 97456 Phone: (541) 847-5175 Fax: (541)	847-5177				
Complete applications can also be	e scanned and e	nailed to: cityha	all@ci.monro	oe.or.us	
Please visit our website for more info	ormation on our C	ity and opportun	ities that we	have in Monroe Oregon!	
www.ci.monroe.or.us					