

Campground Host Application Form

Please fill out one form per family or individual and include each person aged 18 or older who will be residing at the campground host site.

Return this form to: Wapello County Conservation Board, 1339 HWY 63, Bloomfield, IA 52537 or email rtebbs@wapellocounty.org

For questions, please contact: Phone: 641-682-3091 or email ajones@wapellocounty.org

Applicant Information:

First Name	Last Name	
Address, City, State, Zip		
Email Address	Phone	
List the months you are availa	able to serve	
Type of camping unit	Size of camping unit	
List other individuals who v	vill be living at the campsite with you who are	18 years or older:
1. Name:	Ag	e:
2. Name:	Ae	ge:
3. Name:	A	ge:
Please list skills and/or cert	ifications you have that would be beneficial to	the campground host.

Have y	ou serve	ed as a campground host before? If yes, please list where and dates served.	
Diago	List 2 vs		
Please	LIST 3 re	ferences:	
Refere	nce 1		
Full Na	me:	Phone:	
Refere	nco 3		
		Phone:	
Refere			
Full Na	ıme:	Phone:	
As a v	oluntee	r applicant I acknowledge the following:	
1.	host, I a. b. c. d.	he initial screening of the application, to be considered for a position as a campground must submit to one or more of the following: A State of lowa background check A Federal background check National sex offender check registry Abuse registries	
	e. f.	Financial responsibility for the cost of fingerprinting for the federal background check A review of my driving record prior to operating a state vehicle, if required of the position	
2.	I hereby certify that I have been informed and understand that my selection for the volunteer campground host is contingent upon the WCCB review of the above-mentioned criminal history reviews.		
3.	All persons aged 18 and older living at the camp host site are required to submit to the above- mentioned criminal checks prior to living at the campsite.		
4.	I have unders	read the Campground Host Responsibilities that accompanied this document and I stand the WCCB expectations for Hosts. I have had the opportunity to ask questions to the staff/ representative.	
5.	The inf	formation I have provided is true and accurate.	

Applicant Signature: _____ Date: _____