



STATE OF MISSOURI
 MISSOURI DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF STATE PARKS
APPLICATION FOR VOLUNTEERS IN PARKS (V.I.P.) PROGRAM

ONE APPLICATION PER PERSON. CAMPGROUND HOST COUPLES EACH NEED THEIR OWN FORM.

LAST NAME		FIRST NAME		MIDDLE NAME/INITIAL	
FORMER NAMES AND/OR ALIASES USED		EMAIL ADDRESS		RACE	
SOCIAL SECURITY NUMBER		DATE OF BIRTH	GENDER	T-SHIRT SIZE	
STREET ADDRESS			CITY	STATE	ZIP CODE
ALL STATES OF RESIDENCE IN LAST TEN YEARS		PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER	

POSITION FOR WHICH YOU ARE APPLYING

Campground Host
 Interpreter
 Park/Site Aide
 Trail Worker
 Katy Trail Volunteer

CAMPGROUND HOSTS – LIST OTHERS HOSTING WITH YOU

PARK OR HISTORIC SITE AND DATE YOU PREFER TO VOLUNTEER

First Choice	PARK/HISTORIC SITE	MONTH(S)	YEAR
Second Choice	PARK/HISTORIC SITE	MONTH(S)	YEAR
Third Choice	PARK/HISTORIC SITE	MONTH(S)	YEAR

REFERENCES - LIST THE NAME AND ADDRESS OF TWO PERSONS, NOT RELATIVES, WHO HAVE KNOWN YOU FOR AT LEAST TWO YEARS.

NAME			TELEPHONE NUMBER		
STREET ADDRESS		CITY	STATE	ZIP CODE	
NAME			TELEPHONE NUMBER		
STREET ADDRESS		CITY	STATE	ZIP CODE	

Please provide a short narrative about yourself. Please describe previous work history and describe any previous volunteer work, your expectations of the volunteer program and anything else you consider relevant.

<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you previously been a volunteer at any Missouri state park or historic site?	
	WHERE?	WHEN?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have any impairments that should be considered in scheduling or assigning you to work?	
	IF YES, PLEASE EXPLAIN: (CHARGE, DATE, JURISDICTION AND STATE)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been convicted, pled guilty or nolo contendere, and/or received a suspended imposition of sentence/suspended execution of sentence in any federal, state, or municipal court for a criminal offense? (Please include any alcohol or drug-related driving offenses or any other offense you have been convicted of)	
	IF YES, PLEASE EXPLAIN: (CHARGE, DATE, JURISDICTION AND STATE)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever received probation or community supervision for any federal, state, or municipal offense?	
	IF YES, PLEASE EXPLAIN: (CHARGE, DATE, JURISDICTION AND STATE)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?	
	IF YES, PLEASE EXPLAIN: (CHARGE, DATE, JURISDICTION AND STATE)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	As of this date, do you have any pending criminal charges against you?	
	IF YES, PLEASE EXPLAIN: (CHARGE, DATE, JURISDICTION AND STATE)	
<p>I hereby swear or affirm that I am the applicant for record review listed above and that the information provided in this application is true and accurate to the best of my knowledge. I give my permission for the Missouri Department of Natural Resources (DNR) to obtain any and all background information authorized by law, including but not limited to criminal records, and to process this record review using my social security number. I further authorize DNR to investigate, collect, maintain and use for work-related reasons any information disclosed through this release.</p> <p>By my signature, I affirm and recognize that in the event I have furnished false information or have failed to furnish required information for a criminal record review on this application, I will be removed from consideration as a volunteer.</p> <p>A conviction of a violation of the law does not constitute an automatic bar to volunteering. Each case is considered on an individual basis. Falsification of the application will, however, result in disqualification or dismissal from volunteering.</p>		
SIGNATURE		DATE

Mail completed form to:
 Missouri Department of Natural Resources
 Division of State Parks – VIP Program
 P.O. Box 176
 Jefferson City, MO 65102