

MISSOURI DEPARTMENT OF NATURAL RESOURCES DIVISION OF STATE PARKS

APPLICATION FOR VOLUNTEERS IN PARKS (V.I.P.) PROGRAM (PAGE 1 OF 2)

ONE APPLICATION PER PERSON. CAMPGROUND HOST COUPLES EACH NEED THEIR OWN FORM.											
LAST NAME FIRST NAME							MIDDLE NAME/INITIAL				
FORMED NAME	ES AND/OR ALIASES U	OFD.									
FORWER NAME	5 AND/OR ALIASES U	SED									
STREET ADDRESS				CITY			STATE	ZIP			
EMAIL ADDRESS				F			MARY PHONE NUMBER	SECONDARY PHONE NUMBER			
ALL STATES OF RESIDENCE IN LAST TEN YEARS				DATE OF BIRTH		<u> </u>	GENDER	T-SHIRT SIZE	(Kept on file for special project T-shirts only)		
POSITION	FOR WHICH YO	U ARE APPLYING	ì		l				,,		
□ CAMPGR	OUND HOST	□INTERPRETER	□ PARK/S	ITE AIDE	☐ TRAIL WORKER		☐ KATY TRAIL VOLUNTEER	□ SPYC			
CAMPGROUND HOSTS - LIST OTHERS HOSTING WITH YOU											
PARK OR I	HISTORIC SITE	AND DATE YOU P	REFER TO	VOLUN	ITEER						
First Choice	PARK/HISTORIC SITE						MONTH(S)	YEAR			
Second Choice	PARK/HISTORIC SITE	:					MONTH(S)	YEAR			
Third Choice	PARK/HISTORIC SITE	:					MONTH(S)	YEAR			
REFERENC	ES - LIST THE N	AME AND ADDRES	S OF TWO	PERSO	NS, NOT RELATIVES, V	WHO	HAVE KNOWN YOU FO	R AT LEAST TV	VO YEARS.		
NAME						TELE	EPHONE NUMBER				
STREET ADDRESS				CITY			STATE	ZIP			
NAME				TE			EPHONE NUMBER				
STREET ADDRE	ESS			CITY			STATE	ZIP			
		ve about yourself. Ple		e previous	s work history and descr	ibe a	ny previous volunteer work	, your expectatio	ns of the		



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☐ YES	☐ NO	Have you previously be	re?							
		WHERE?		WHEN?						
☐ YES	☐ 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)								
☐ YES	□ NO	Have you ever been convicted, pled guilty or nolo contendre, 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)								
☐ YES	☐ NO	Have you ever received probation or community supervision for any federal, state, or municipal offense?								
		IF YES, PLEASE EXPLAIN: (Ch	HARGE, DATE, JURISDICTION AND STATE)							
☐ YES	☐ NO	Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?								
		IF YES, PLEASE EXPLAIN: (CH	HARGE, DATE, JURISDICTION AND STATE)							
☐ YES	□ NO	As of this date, do you have any pending criminal charges against you?								
		IF YES, PLEASE EXPLAIN: (Ch	HARGE, DATE, JURISDICTION AND STATE)							
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. I further authorize DNR to investigate, collect, maintain and use for work-related reasons any information disclosed through this release.										
			event I have furnished false information consideration as a volunteer.	or have failed	to furnish required information for a criminal record					
			stitute an automatic bar to volunteering. E or dismissal from volunteering.	Each case is co	onsidered on an individual basis. Falsification of the					
SIGNATURE			[DATE						
FOR PARK/	HISTORIC	SITE TO COMPLETE								
DESCRIPTION O	F ASSIGNMENT	TS, TASKS AND ACTIVITIES								
FOR VOLUM	NTEER OF	FICE USE ONLY								
BACKGROUND C			BACKGROUND CHECK DETERMINATION * IF B	ACKGROUND CH	ECK IS DENIED, PLEASE EXPLAIN ON A SEPARATE DOCUMENT					
			☐ APPROVED ☐ DENIED*							
Mail completed form to: Missouri State Parks – VIP Program, P.O. Box 176, Jefferson City, MO 65102										