

Missouri Department of Natural Resources Division of State Parks 1-800-334-6946

# Seasonal Interpreter – Park Naturalist or Historic Site Interpreter Work Opportunities with Missouri State Parks

Missouri State Parks is filling positions as seasonal interpreters, naturalists or historic site interpreters in Missouri state parks and historic sites. Staff is employed throughout the year, but primarily during the summer season of high visitation or for special events. This work provides valuable experience in a possible career path.

**Minimum Job Requirements:** Attending a college or university with at least a freshman standing and majoring in any of the natural sciences, history, cultural resource management, outdoor recreation, or interpretive services; or have work experience as an interpreter with an agency charged with natural or cultural resource responsibilities.

**General Work Responsibilities:** Seasonal interpreters plan and present programs and activities for park visitors. Seasonal employees may also assist the research and resource management projects. Specific responsibilities vary from site to site.

#### Duties could include, but not limited to:

- The development and presentation of original interpretive programs such as nature walks, stargazing programs, historical tours, first-person interpretations and campfire programs.
- Research local natural and cultural history related to specific parks and historic sites.
- Assist in the care of interpretive facilities, nature trails, displays, and special natural or cultural features of a park.
- Provide information to the visitors concerning rules and regulations, safety, points of interest, and available facilities.
- Carry out regularly established interpretive programs developed by the full-time staff.

### Training and other considerations:

- Training in interpretive techniques, methods, evaluation and resources is provided through a 32 hour training school. The training is provided the week before Memorial Day Weekend starting on the Sunday before and ending on the following Wednesday. Students have the option of obtaining Certified Interpretive Guide certification through the National Association of Interpretation.
- Those unable to attend this required course will receive training at their respective park or historic site.
- All seasonal staff will receive work uniforms at no cost. Housing is available in selected parks.

#### **Application Process:**

- Please use your permanent home address on the State of Missouri, Application for Temporary Employment. On the Interpretive Program Information Sheet for Seasonal Work, use your school address if applicable.
- Filling out the attached forms does not imply any guaranteed interview for employment or actual employment with the Department of Natural Resources on a seasonal or full time basis.
- Applications should be received by the deadline for the selected work period. Applications will be collected until
  the deadline at which point they will be distributed to selected parks. Deadlines are as follows:

Work Period

May through August September through December January through May **Application Deadlines** 

December 15 and March 1 April 15 August 15

Mail completed forms and information to: Missouri Department of Natural Resources Kendra Swee, Chief Park Interpreter PO Box 176 Jefferson City MO 65102-0176

The chief park interpreter may be contacted by email at: kendra.swee@dnr.mo.gov

### Interpretive Program Information Sheet for Seasonal Work

This form asks for information to help with work site placement, should you be selected. Attach this sheet to the Department of Natural Resources' Application for Temporary Employment (MO 780-1601), and return to the chief park interpreter. Applications must be received by the due date for the selected work period.

Work Period
May through August
September through December
January through May

Application Due Date
December 15 and March 1
April 15
August 15

Name	
Mailing Address	
City, State & Zip Code	
E-Mail Address	
Home Phone	
School Phone	
Cell Phone	
Dates available for 40-hours of work	per week First Date Last Date
If you cannot work a 40-hour week, c	an you work part time? Yes ☐ No ☐ When?
Last day of classes	School's finals week
Can you work weekends before May	or Yes 🗌 No 🗌
after the middle of September?	If yes, what weekends are you available?
If living quarter are available,	Yes ☐ No ☐
do you need special conditions?	If yes, indicate what those needs are?
At what park or historic site would you like to work?	First Choice Second Choice
LIST SPECIFIC COURSES OR EXP	ERIENCE IN THE FOLLOWING AREAS
Science	
Cultural/History	
Recreation	
Education/Teaching	
Fine Arts	
LIST SPECIAL INTERESTS, ABILITI	ES, HOBBIES, TRAINING, CERTIFICATIONS, OR ACTIVITIES



# MISSOURI DEPARTMENT OF NATURAL RESOURCES HUMAN RESOURCES PROGRAM

APPLICATION FOR TEMPORARY EMPLOYMENT

**OUR MISSION:** "Preserving And Protecting the State's Natural, Cultural, And Energy Resources"

TO APPLICANTS WITH DISABILITIES: IF YOU HAVE DIFFICULTY WITH ANY PHASE OF THE EMPLOYMENT PROCESS, PLEASE CALL 573-751-2518. REASONABLE ATTEMPTS WILL BE MADE TO ACCOMMODATE SPECIAL NEEDS. TTY/TDD USERS: PLEASE USE THE RELAY MISSOURI NUMBER: 800-735-2966.

IDENTIFICATION							
LAST NAME FIRS T NAME MIDDL E					AUTHOF	ARE YOU LAWFULLY AUTHORIZED TO WORK IN THE U.S.?	
HOME ADDRESS					☐ YES	□NO	
SOCIAL SECURITY NUMBER	HOME PHONE	WORK PHONE		II	NTERNET ADDR	ESS	
POSITION (PLEASE COMPLET	TE ONE APPLICATION FOR E	ACH POSITION	N FOR WHIC	CH YOU	ARE APPL	.YING)	
TITLE AND LOCATION OF POS	SITION FOR WHICH APPLYING	9:		NS OF T		SSENTIAL ON AS LISTED ON	
TYPE OF EMPLOYMENT DESI	RED:		WHEN CC	OULD YO	DU	MINIMUM SALARY	
			START W			EXPECTATION:	
EDUCATION/TRAINING (COLL NOTE: IF SELECTED FOR INT	EGE, MILITARY, VOCATIONA	L EDUCATION	, AND SO	ON.)			
HIGH SCHOOL GRADUATE OF					DL NAMES A	AND LOCATIONS:	
☐ YES ☐ NO							
CIRCLE HIGHEST ELEMENTAL	RY/SECONDARY GRADE COM	1PLETED					
12345678910	11 12						
NUMBER OF YEARS OF POST	SECONDARY EDUCATION (C	COLLEGE) COM	MPLETED				
1 2 3 4 5 6 — OTHER							
HAVE YOU BEEN CONVICTED OF ANY VIOLATION OF THE LAW SINCE YOUR 16 <sup>TH</sup> BIRTHDAY?  YES NO							
I certify the statements made in this application are correct and complete and, if employed, understand that any false or omitted information in this application or its supporting documents will be sufficient grounds for immediate termination. My signature authorizes the Missouri Department of Natural Resources to review my previous employment, driving, and criminal records and order background data as may relate to the position for which I am applying. I also agree to provide the necessary information to conduct this background check.							
ORIGINAL SIGNATURE (UNSIG	SNED APPLICATIONS WILL NO	OT BE ACCEPT	TED)		DATE		
NOTICE OF DISCRIMINATION: THE MISSOURI DEPARTMENT OF NATURAL RESOURCES DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, NATIONAL ORIGIN, RELIGION, DISABILITY, OR STATUS AS A VETERAN. ANY PERSON HAVING INQUIRIES CONCERNING THIS NONDISCRIMINATION RESOLUTION ARE ENCOURAGED TO CONTACT THE DIRECTOR OF THE HUMAN RESOURCES PROGRAM, DEPARTMENT OF NATURAL RESOURCES, P.O. BOX 176, JEFFERSON CITY, MISSOURI 65102-0176. TELEPHONE 573-751-2518, TTY/TTD USERS, PLEASE USE THE RELAY MISSOURI NUMBER: 800-735-2966.							

(PLEASE COMPLETE THE SECTION BELOW STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER. USE ADDITIONAL SHEETS OF PAPER IF NECESSARY. YOU MAY ATTACH A RESUME IN LIEU OF COMPLETEING THIS SECTION; HOWEVER, FAILURE TO PROVIDE ALL THE INFORMATION REQUESTED MAY RESULT IN REJECTION OF YOUR APPLICATION FOR EMPLOYMENT.)

EMPLOYER'S NAME AND ADDRESS		COLU PLEA THE	DUTIES SHOW PERCENT OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT. IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE THE NUMBER AND TYPE OF WORK THEY PERFORMED. IF APPLYING FOR A COMPUTER INFORMATION SPECIALIST POSITION, PLEASE LIST THE SOFTWARE AND COMPUTER LANGUAGES USED, THE PERCENT OF TIME SPENT USING, AND AN EXPLANATION OF HOW USED.				
YOUR JOB TITLE		SOF1 PER					
FROM: MO/YR	TO: MO/YR						
HOURS PER WEEK	LAST MO. SALARY						
SUPERVISOR'S NAME	PHONE						
MAY WE CONTACT YOUR ☐ YES ☐ NO	SUPERVISOR IF NO, WHY?						
REASON FOR LEAVING							
EMPLOYER'S NAME AND ADDRESS		COLU PELA THE	DUTIES  SHOW PERCENT OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT. IF YOU SUPERVISED EMPLOYEES, PELASE INDICATE THE NUMBER AND TYPE OF WORK THEY PERFORMED. IF APPLYING FOR A COMPUTER INFORMATION SPECIALIST POSITION, PLEASE LIST THE SOFTWARE AND COMPUTER LANGUAGES USED, THE PERCENT OF TIME SPENT USING, AND AN EXPLANATION OF HOW USED.				
YOUR JOB TITLE		SOF1 PER					
FROM: MO/YR	TO: MO/YR						
HOURS PER WEEK	LAST MO. SALARY						
SUPERVISOR'S NAME	PHONE						
MAY WE CONTACT YOUR ☐ YES ☐ NO	SUPERVISOR IF NO, WHY?						
REASON FOR LEAVING							

NAME - FIRST	MIDDLE	LAST					
FORMER NAMES AND/OR ALIASES USED							
SOCIAL SECURITY NUMBER	DATE OF BIRTH	RACE	GENDER				
ADDRESS							
PLEASE ANSWER THE FOL	LLOWING QUESTIONS CON	IPLETELY. USE ADDITIONAL PA	PER IF NECESSARY.				
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 provide an explanation.							
☐ YES ☐ NO	EXPLANATION						
Have you ever received probation or community supervision for any federal, state, or municipal offense? If yes, please provide an explanation.							
☐ YES ☐ NO	EXPLANATION						
Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide an explanation.							
☐ YES ☐ NO	EXPLANATION						
As of this date, do you have	• •	arges against you? If yes, pleas	e provide an explanation.				
☐ YES ☐ NO	EXPLANATION						
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.  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 or for the employment history given to my employer, I will be terminated from employment with DNR or removed from hiring consideration.							
A conviction of a violation of the law does not constitute an automatic bar to employment. Each case is considered on an individual basis. Falsification of the application will, however, result in disqualification or dismissal from employment.							
I hereby authorize DNR to investigate, obtain and compile information concerning my employment history, to obtain a copy of my college transcripts and to conduct a record review of myself.							
SIGNATURE			DATE				
INFORMATION ON POSITION FOR WHICH YOU ARE APPLYING							
DIVISION	PROGRAM	POSITION TITLE	POSITION#				