



Montana State Parks Volunteer Application

Montana Fish, Wildlife & Parks
Montana State Parks
PO Box 200701
Helena, MT 59624
(406) 444-3750

Contact Information

Last Name

First Name

Middle Int.

Address

City

State

Zip

(____) _____ - _____
Phone-Work

(____) _____ - _____
Home

(____) _____ - _____
Cell

E-Mail _____

Are you 18 or Older Yes No (under 18 requires parental consent)

1st Emergency Contact _____ (____) _____ - _____
Name Phone

2nd Emergency Contact _____ (____) _____ - _____
Name Phone

Availability How many Hours a week can you volunteer?
 Less than 10 10 to 20 20-30 30 to 40

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Sun <input type="checkbox"/>	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>														
Am <input type="checkbox"/>	Aft <input type="checkbox"/>	Eve <input type="checkbox"/>	Am <input type="checkbox"/>	Aft <input type="checkbox"/>	Eve <input type="checkbox"/>	Am <input type="checkbox"/>	Aft <input type="checkbox"/>	Eve <input type="checkbox"/>	Am <input type="checkbox"/>	Aft <input type="checkbox"/>	Eve <input type="checkbox"/>	Am <input type="checkbox"/>	Aft <input type="checkbox"/>	Eve <input type="checkbox"/>	Am <input type="checkbox"/>	Aft <input type="checkbox"/>	Eve <input type="checkbox"/>	Am <input type="checkbox"/>	Aft <input type="checkbox"/>	Eve <input type="checkbox"/>

Complete this shaded section only if you are applying to be a campground or on site resident host
All host positions are required to provide a minimum of 20 hours of service per week

Have you served as a host before? No Yes

If yes where did you last serve? _____

Dates of Service _____

Will other people be residing with you on site?
 No Yes How Many _____
 (If yes and they will also be volunteering, a separate application must be completed)

Type of Camping Unit _____ Length _____ Ft / Width including slide outs _____

What Type of hook- ups are essential for you? Water Electric Sewer Must have Full Hook ups

Will you have extra vehicles in addition to your tow vehicle? No Yes How Many? _____

Will you have any pets with you? No Yes Indicate how many – Dog(s) _____ Cat(s) _____ Other(Specify) _____
 (Proof of rabies vaccination is required)

Where are you interested in Volunteering? Please list in order of preference.

1. State Park Name _____
2. State Park Name _____
3. State Park Name _____
4. State Park Name _____

I don't have a state park preference but I am interested in volunteer opportunities located in:

<input type="checkbox"/> No Preference – I am willing to serve anywhere	<input type="checkbox"/> North Central Montana- Great Falls Office
<input type="checkbox"/> Northwest Montana- Kalispell Office	<input type="checkbox"/> South Central / Eastern Montana –Billings Office
<input type="checkbox"/> West Central Montana- Missoula Office	<input type="checkbox"/> FWP Headquarters- Helena
<input type="checkbox"/> Southwest Montana- Bozeman Office	

Skills and Experience

Employment: I am Currently Employed Retired Student Other

Name and Contact of Current Employer _____

Have you volunteered before? Yes No If yes where _____

Please make a check mark next to the type of work you would like to do while volunteering, please also check whether you have past **Experience** in the work or if you have an **Interest** in gaining experience in the work.

<input type="checkbox"/> Customer Service <input type="checkbox"/> Experience <input type="checkbox"/> Interest	<input type="checkbox"/> Accounting <input type="checkbox"/> Experience <input type="checkbox"/> Interest	<input type="checkbox"/> Grounds Maintenance <input type="checkbox"/> Experience <input type="checkbox"/> Interest	<input type="checkbox"/> Writing / Editing <input type="checkbox"/> Experience <input type="checkbox"/> Interest
<input type="checkbox"/> Interpretation <input type="checkbox"/> Experience <input type="checkbox"/> Interest	<input type="checkbox"/> Retail Sales <input type="checkbox"/> Experience <input type="checkbox"/> Interest	<input type="checkbox"/> Painting <input type="checkbox"/> Experience <input type="checkbox"/> Interest	<input type="checkbox"/> Desktop Publishing <input type="checkbox"/> Experience <input type="checkbox"/> Interest
<input type="checkbox"/> Teaching <input type="checkbox"/> Experience <input type="checkbox"/> Interest	<input type="checkbox"/> Fundraising <input type="checkbox"/> Experience <input type="checkbox"/> Interest	<input type="checkbox"/> Construction <input type="checkbox"/> Experience <input type="checkbox"/> Interest	<input type="checkbox"/> Exhibit building <input type="checkbox"/> Experience <input type="checkbox"/> Interest
<input type="checkbox"/> Sign Language <input type="checkbox"/> Experience <input type="checkbox"/> Interest	<input type="checkbox"/> Store Management <input type="checkbox"/> Experience <input type="checkbox"/> Interest	<input type="checkbox"/> Landscaping/Gardening <input type="checkbox"/> Experience <input type="checkbox"/> Interest	<input type="checkbox"/> Illustration <input type="checkbox"/> Experience <input type="checkbox"/> Interest
<input type="checkbox"/> Public Speaking <input type="checkbox"/> Experience <input type="checkbox"/> Interest	<input type="checkbox"/> Data Entry <input type="checkbox"/> Experience <input type="checkbox"/> Interest	<input type="checkbox"/> Building Maintenance <input type="checkbox"/> Experience <input type="checkbox"/> Interest	<input type="checkbox"/> Photography <input type="checkbox"/> Experience <input type="checkbox"/> Interest

Is there a group you are particularly interested in working with?

- Seniors Adults
 High School / Middle School Youth Elementary Age Youth
 People with Disabilities Pre-school Age Youth

Are there any groups you would prefer not to work with? If so please note _____

Background Information

How did you hear about this volunteer opportunity?

- From Park Staff Referred by a Friend
 Website Trade show or Event
 RSVP Program Other _____

Do you hold a current CPR/ First Aid Certification Yes NO

Please List **3 references** that are familiar with your work quality. Do not include relatives.

Name: _____ Relationship _____ Phone: (____) _____ - _____

Name: _____ Relationship _____ Phone: (____) _____ - _____

Name: _____ Relationship _____ Phone: (____) _____ - _____

Have you ever been convicted of or entered a plea of guilty, no contest, or had a withheld judgment to a felony or a misdemeanor? Yes No

If Yes Please explain _____

I, _____, hereby certify the information provided by me on this application is true and correct to the best of my knowledge and belief. I hereby grant the state of Montana, Montana Fish, Wildlife & Parks, my permission to verify the facts contained in this application. I hereby authorize release of any relevant information such as reference checks, driving records, criminal history, education, work history and background for verifying my eligibility to volunteer with Montana Fish, Wildlife & Parks.

Applicant Signature _____ Date _____ Date of Birth ____/____/____

(Required for background check)

Signature of Parent of Legal Gaurdian (If Under 18) _____ Date _____