



ROCK ISLAND COUNTY FOREST PRESERVE DISTRICT CAMPGROUND HOST APPLICATION

Name of Applicant: First: _____ **Last:** _____ **Middle Initial:** _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: Home _____ **Cell** _____ **Email Address:** _____

List any additional names you have used or been known by: _____

Do you have the legal right to work in the US? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____ If yes, please provide the following

information: Felony Misdemeanor, Name of crime(s)/conviction(s) _____

Date of conviction(s) _____

Name and location of Court(s) which convicted _____

Name and location of Court(s) which convicted _____

Time you can serve as a campground host: / / **to** / /

Time you can serve as a campground host: / / **to** / /

Do you have a valid driver's license Yes No License # State Issued

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Name of Co-Applicant: First: _____ Last: _____ Middle Initial: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Number: Home **Cell** **Email Address:**

I list any additional names you have used or been known by:

Do you have the legal right to work in the US? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____ If yes, please provide the following _____

information: **Felony** **Misdemeanor** Name of crime(s)/conviction(s)

Please list other members of your family who will reside full-time at the campsite:

1. Name: _____ Age: _____ Relationship to Applicant: _____

2. Name: _____ Age: _____ Relationship to Applicant: _____

3. Name: _____ Age: _____ Relationship to Applicant: _____

4. Name: _____ Age: _____ Relationship to Applicant: _____

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Do you have any pets that will reside with you? Yes _____ No _____ If yes, what? Dog,

Yellow Lab named Sunshine for example. _____

Can you provide documentation that your pet has all Licenses and current vaccinations? Yes _____ No _____

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Interest, Skills, Hobbies: _____

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Please list all previous sites where applicant and co-applicant have served as a campground host/volunteer or as an employee: _____

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If selected, what type of camping unit will you use? _____

Site Preference: Illiniwek # _____ **Loud Thunder #** _____

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Please list three (3) references:

1. Name: _____ Address: _____ Phone: _____

2. Name: _____ Address: _____ Phone: _____

3. Name: _____ Address: _____ Phone: _____



If selected, please list name of emergency contact not living with you:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Applicants Statement-Please read before signing.

In making this application for employment, I understand Rock Island County Forest Preserve District may conduct investigations including verifications of prior employment history and education. I hereby certify that all statements in this application are true. I understand any false statements, omissions or misrepresentation will result in the offer of employment to be rescinded or employment to be terminated. I understand that a criminal history check may be obtained prior to my appointment as a campground host.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Return this form to:
Rock Island County Forest Preserve District
c/o Forest Preserve Director
19406 Loud Thunder Road
Illinois City, IL 61259.