



Alaska State Parks Volunteer Application



Please send application to the ranger/area listed for the position you are applying for.
See page 5, General Information, for further information on how to apply.

PLEASE PRINT OR TYPE CLEARLY

Name:		Email:	
Address:		Telephone:	
City:	State:	Zip:	
Are you a citizen of the United States?: Yes <input type="checkbox"/> /No <input type="checkbox"/> <i>You must be a United States citizen to volunteer Alaska State Parks</i>			
Message Phone:		Cell Phone:	
Message Address:		Best Time to Call:	
You are applying for the following position(s) (include the area):			
1. _____			
2. _____			
3. _____			
Date of Birth:		Driver's License State/Number:	
Dates Available:	Start:	End:	
If volunteering for a campground host position, are you interested in moving to different campgrounds during your stay? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have an RV or Trailer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Willing to work weekends? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Current Employment Status: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/>			
Occupation:			
Education (please include degree major/minor areas of study and school obtained):			
<input type="checkbox"/> High School Diploma: _____			
College/Secondary Education:			
<input type="checkbox"/> Some (in progress/incomplete): _____			
<input type="checkbox"/> Trade/Certification: _____			
<input type="checkbox"/> Associates: _____			
<input type="checkbox"/> Bachelor's: _____			
<input type="checkbox"/> Master's: _____			
<input type="checkbox"/> PhD.: _____			
Field Experience:			

References (Name, Phone Number):

1. _____
2. _____
3. _____

Previous Volunteer Experience:

Outdoor interests, hobbies, or special skills:

Have you ever been convicted of a misdemeanor or felony? No Yes

If yes, please explain:

Are you on any medication?: No Yes

Has any medical provider limited the scope of your physical activities? No Yes

If yes, please describe the limitations?:

Signature:

Date:

*Please print this application and sign this application
A background check may be performed on your application.*
Please use additional sheets or include a resume if needed.