State of Wisconsin Department of Natural Resources PO Box 7921, Madison WI 53707-7921 dnr.wi.gov

## Wisconsin State Park System Volunteer Application

Form 2500-106 (08/17)

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**Instructions:** The volunteer application helps park staff and potential volunteers determine if there are volunteer opportunities that are a good match for the skills and interests identified. Check the appropriate boxes and print or type all responses. There may be additional forms to complete depending on activities.

**Notice:** Completion of this form is voluntary. Personally identifiable information collected will be used for administrative and enforcement purposes and may be provided to requesters as required under Wisconsin Open Records law [ss. 19.31 - 19.39, Wis. Stats.].

		Applic	ant Informat	ion						
1. Last Name			2. First						MI	
							I.a.	I		
3. Street Address, Apt. #			4. City				State	ZIP Cod	е	
5. Phone Number			C							
5. Ph	one number	6. Email Add	ress							
		Describe Int	terest and Ex	rnorionco						
7.	Which categories interest you the most? (			perience						
	Archaeology	Fish/Wild		☐ Soil/Watershed						
	Botany	GIS/GPS				Timber/F				
	Campground host	_	l Preservation	1	[	Trail mai				
	Campground maintenance		species contr				☐ Visitor information			
	Construction/Building maintenance		/Geology	·.	Other (P					
	Computers	Office/CI	• • •		(					
	Education Research/Librarian ———									
8.	What qualifications, skills, or experiences	do you have t	that you would	l like to use	e as a volu	unteer? (Ch	eck all th	at apply)		
	☐ Backpacking/Camping	wer tools		[	ີ Sign l̇̀anູເ					
	Biology	Heavy e	quipment ope	ration	[	Supervision				
	☐ Boat operation	Horse ca			Other trade skills (Please s					
	☐ Carpentry	ping/Reforestation								
	Clerical/Office machines	 Leadersl	hip		[					
	Computers	Map rea	ding or GIS/G	PS	[	Working with people				
	☐ Drafting/Graphics	Photogra	aphy		[	Writing/E	Editing			
	Event planning	Public S	peaking		[	Other (P	Please specify)			
	First aid certificate	Researc	h/Librarian							
9.	Select the volunteer positions for which you would like to be considered:									
	☐ Campground Host*	ationist		[	Adopt-A-					
	☐ Nature Center Host*	☐ Visitor S	ervices		[	☐ Friends Group				
	☐ Naturalist									
	(*Fill out the second part of this form if s	electing a Ca	mpground Hos	st or Natur	e Center H	Host).				
10.a.	Have you volunteered with Wisconsin Sta	te Parks befor	re?	O Yes	○ No					
10.b.	If yes, please list personal references (use	e park staff if p	oossible), and	briefly des	scribe your	r volunteer s	service.			
11.	Would you like to lead other volunteers?			○ Yes	○ No					
12.	·									
12.	opeany the properties where you would in	No to voluntee								
13.a.		•	Il that apply.)  March  September	Apr	ril [	☐ May ]Nov	☐ Jur	ne cember		

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13.b.	How many hours per week would you be available for volunteer work? Hours:											
13.c.	. Which days are you available to volunteer? (heck all that apply)											
	○ All Sunday Monday Tuesday Wednesday Thursday Friday Saturday											
14.	If a volunteer assignment is not available at the location specified in box #12, do you want your application forwarded to another DNR location seeking volunteers with your background or interests?  Yes No (Please specify)											
15.	□ DNR website, dnr.wi.gov       □ Brochure       □ Word of mouth (friend, colleague, family member)         □ Volunteer fair or event       □ Flyer       □ Other (Please specify)											
Campground and Nature Center Host Information Co-applicant name Phone Number Email Address												
Street Address, Apt. #				City				State ZIP Code				
List the names of any others who will reside full-time on the campsite.												
La	Last Name First Name			MI	Last Name First				First Na	Name MI		
1.					2.							
List any pets staying with you (type and number):												
Have you served as a Host before?  Yes No If yes, where?												
Equipment type. (Most properties have electricity for hosts but not always sewer and water. Dump stations and off-site water are usually available.)												
Type												
Amps:												
Emergency Contact												
Emerç								ionship				
Street Address, Apt. #					City,	City, State and Zip Code						

Submit this form directly to the property/properties where you would like to volunteer.

Thank you for applying to volunteer in the Wisconsin State Park System.