

**Port San Luis Harbor District**  
**APPLICATION FOR VOLUNTEER CAMP-WATER TAXI HOST**

NAME: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Application to perform Volunteer Camp Host functions during the following dates:

\_\_\_\_ January 1 to April 30 \_\_\_\_\_ (insert year)  
\_\_\_\_ May 1 to August 30 \_\_\_\_\_ (insert year)  
\_\_\_\_ September 1 to December 31 \_\_\_\_\_ (insert year)  
\_\_\_\_ **Other Dates: June 1, 2019 through September 30, 2019**

Social Security Number: (May provide if selected for background check) \_\_\_\_\_

Spouse's/Partner's Name: \_\_\_\_\_  
(First, Middle, Last) **(Spouse/Partner volunteers, they must also complete an application.)**

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_ (include area code) Email Address: \_\_\_\_\_

Are you now or have you ever been employed by Port San Luis Harbor District? \_\_\_ Yes \_\_\_ No

If yes, give dates of employment: \_\_\_\_\_

The Harbor District's policy generally prohibits employment at the Harbor District of a person closely related by blood or marriage to an employee. Do you have a first cousin or closer relative currently working for the Harbor District?

\_\_\_ Yes \_\_\_ No If yes: Name of Relative \_\_\_\_\_ Relationship \_\_\_\_\_

Do you possess a valid Driver's License? \_\_\_ Yes \_\_\_ No

License Number (May provide if selected for background check) \_\_\_\_\_ State \_\_\_\_\_

Person to contact in case of emergency: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**EDUCATION/TRAINING**

Have you graduated from High School or do you possess a GED? \_\_\_ Yes \_\_\_ No

Colleges Attended:		Units Completed	Title of
Name and Location of College or University	Subject/Major	Semester/Quarter	Degree

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any training, certificates, licenses, computer, or language skills which directly relate to the Volunteer Camp Host position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**CAMP HOST EXPERIENCE** (you may enter "See Resume" if appropriate)

How many years have you been camping? \_\_\_\_\_

Have you worked or volunteered as a campground host before? \_\_\_ Yes \_\_\_ No

If so, please list the location(s), dates and duties:

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Describe pertinent volunteer experience:

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Describe pertinent paid experience:

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Do you have any particular skills you would like to use as a Camp-Water Taxi Host Volunteer?

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**WATER TAXI HOST EXPERIENCE**

Do you have the following:

USCG license? \_\_\_ Yes \_\_\_ No      If yes, list type: \_\_\_\_\_

Current TWIC card? \_\_\_ Yes \_\_\_ No

DBW Boating Safety Course – certificate of completion? \_\_\_ Yes \_\_\_ No

Any other training or current certificates in boat operation? \_\_\_ Yes \_\_\_ No

If yes, please describe:

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**OTHER**

How did you learn about our camp-water taxi host program? \_\_\_\_\_

Why do you want to be a Camp-Water Taxi Host? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of camping equipment: Camper/ Trailer/ Motor Home: \_\_\_\_\_ (attach photo if available)

Length of equipment: \_\_\_\_\_ Width of equipment including slide-out: \_\_\_\_\_

Electrical Power Requirements: \_\_\_\_\_ (Note: Some Camp Host sites only have 30 amp service. Please state if you need more than 30 amp service.)

Will you have an additional vehicle? \_\_\_ Yes \_\_\_ No  
(It is recommended that hosts bring a vehicle for personal transportation.)

Will you have a pet with you? \_\_\_ No \_\_\_ Yes (What kind? \_\_\_\_\_)  
(Current rabies vaccination certification required, please bring a copy with you.)

**References:**

List three persons not related to you who know your qualifications:

Name: Phone: Relationship:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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***Applicants will be required to undergo a pre-employment physical examination at the District's expense.***

I certify that I have reviewed the job descriptions for this position [dated November 2012 & January 2010] and am able to perform the essential duties of the position of Camp Host. \_\_\_ Yes \_\_\_ No

I AUTHORIZE PORT SAN LUIS HARBOR DISTRICT TO CONDUCT A BACKGROUND CHECK AS REQUIRED FOR THIS POSITION.

I AUTHORIZE THE REFERENCES LISTED ABOVE TO GIVE THE DISTRICT ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT.

I certify that the information on this application is true to the best of my knowledge and belief, and understand that false statements, information, or willful misrepresentation shall be just cause for rejection of this application or subsequent discharge.

THIS APPLICATION MUST BE SIGNED IN INK AND DATED.

\_\_\_\_\_  
Signature of Applicant and Date

.....  
**Complete and mail to:**

Camp Host Coordinator  
Port San Luis Harbor District  
P.O. Box 249  
Avila Beach, CA 93424

**Or FAX to:** 805-627-1839

Or email to [admin@portsanluis.com](mailto:admin@portsanluis.com)