

Grounds Host Application

(Please use an additional separate piece of paper if more space is needed)

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	Postal Code	
Date of Birth	Social Security #	Driver License #	
Phone	E-mail Address		
What type of camping unit will you be using if you are the successful applicant? Motor Home <input type="checkbox"/> Trailer <input type="checkbox"/> Pickup Camper <input type="checkbox"/> Size/Length			
Please list all other individuals who will reside on-site:			
Full Name		Date of Birth	
Relationship to Host		Driver License #	
Full Name		Date of Birth	
Relationship to Host		Driver license #	
Full Name		Date of Birth	
Relationship to Host		Driver license #	
Full Name		Date of Birth	
Relationship to Host		Driver license #	
PREVIOUS EXPERIENCE			
Please list any experience or skills that would qualify you for this position:			
REFERENCES			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge.			
If I am chosen as the successful applicant, I understand that false or misleading information in my application or interview may result in my release.			
Signature			Date

Please deliver completed applications to Kathi Mattinen, Cowlitz County Event Center, 1900 7th Avenue, Longview, Washington 98632 on or before Friday, March 12, 2010.