

## Taylor County is searching for a Park Host/Resident at the Hampton Springs Park site.

This will be a volunteer position in exchange for a campsite including electric and water free of charge.

The Park Host/Resident will be required to perform light maintenance around the park site such as restroom cleaning, keeping the park grounds free of trash, locking and unlocking gates, etc. The Park Host/Resident will also be required to monitor the park and notify the correct authorities if any problems arise.

The Park Host/Resident must provide their own RV with insurance coverage. All persons over 18 will be required to submit to a drug test and may be subject to a security background check.

For more information you can contact Jami Boothby, Grants Coordinator at 850-838-3553 or LaWanda Pemberton, County Administrator at 850-838-3500 Ext. 6.

Deadline to submit an application for consideration is February 28, 2020.

MALCOLM PAGE  
District 1

JIM MOODY  
District 2

SEAN MURPHY  
District 3

PAM FEAGLE  
District 4

THOMAS DEMPS  
District 5



# TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS

**ANNIE MAE MURPHY, Clerk**  
Post Office Box 620  
Perry, Florida 32348  
(850) 838-3506 Phone  
(850) 838-3549 Fax

**LAWANDA PEMBERTON, County Administrator**  
201 East Green Street  
Perry, Florida 32347  
(850) 838-3500, extension 7 Phone  
(850) 838-3501 Fax

**CONRAD C. BISHOP, JR., County Attorney**  
Post Office Box 167  
Perry, Florida 32348  
(850) 584-6113 Phone  
(850) 584-2433 Fax

## Hampton Springs Park Host/Resident Application

First Name \_\_\_\_\_ MI \_\_\_\_\_

Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (best) \_\_\_\_\_ Email \_\_\_\_\_

DOB \_\_\_\_\_ Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

### **Emergency Contact**

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (best) \_\_\_\_\_

### **References**

(List references that are familiar with your work or volunteer experience. Do not use relatives.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

**Availability**

When are you available to start? \_\_\_\_\_

What consecutive months are you available? \_\_\_\_\_

If selected as park host, are there any circumstances in which you would not be available to be on site during the contract period? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Park Host or Resident Volunteer**

Host will be required to provide their own living quarters (RV, etc.). Please provide the following information:

Type of unit: Motorhome \_\_\_\_\_ 5<sup>th</sup> Wheel \_\_\_\_\_ Trailer/Camper \_\_\_\_\_

Length of unit \_\_\_\_\_ Width of unit \_\_\_\_\_

Amps Required: 20 \_\_\_\_\_ 30 \_\_\_\_\_ 50 \_\_\_\_\_

Will you have a pet? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, type and breed \_\_\_\_\_

Number of people (including applicant) that will be residing at the park.

Adults \_\_\_\_\_ Children/Youth \_\_\_\_\_

Name and date of births of others residing with you

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_



What are some of your hobbies and interests?

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Are you willing to supervise other volunteers? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you ever been convicted, pled Nolo Contendere, or had the adjudication of guilt withheld for a crime which is a felony or a first degree misdemeanor? Yes\_\_\_\_\_ No\_\_\_\_\_

If “yes” to this question, please explain, what charges or convictions and when?

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Note: A “Yes” answer to these questions will not automatically bar you from volunteering. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

**All park hosts and volunteers are subject to a background check. All adults which may be living at the site with the park host are also subject to a security background check. All adults living at the site may be subject to a drug-test and anyone working with and for or under contract with the Taylor County Board of Commissioners must abide by County Drug Free Workplace policies and standards.**

**I understand that I may be asked to provide date of birth, driver’s license number(s) or other proof of identification, and Social Security Number(s) at a later date. I certify that all information contained in this application is true and correct. Further, I authorize the Taylor County Board of Commissioners to verify the information provided. I understand that if any living arrangements should change or the number of individuals or pets residing with park hosts should change, the Board of Commissioners must be notified immediately for approval.**

**By signing below you agree to the terms provided in this application.**

**Applicant Signature**\_\_\_\_\_

Application Date\_\_\_\_\_