



LCRA Parks
3700 Lake Austin Blvd.
Austin, TX 78703

Dear Potential Park Host:

On behalf of LCRA Parks, we are pleased to hear of your interest in our park host program.

Enclosed in this application are:

- Program overview;
- Park host responsibilities;
- Background check application;
- Liability release; and
- Instructions for returning the completed documents.

Only one application and resume is required for a couple occupying one RV. However, background checks and liability release forms must be completed for each individual residing within the park.

Thank you for your interest.

For further inquiries, contact:

John Gillen, account manager
LCRA Parks
800-776-5272 ext. 4813
john.gillen@lcra.org



PARK HOST INFORMATION

Overview and Benefits

Volunteer park hosts play an important role in creating a positive first impression for LCRA Parks visitors. Park hosts must volunteer for a minimum of three consecutive months and work at least 25 hours per week. Partnership extension is assessed based on current needs. Park hosts volunteer their time in exchange for an RV campsite with full utility hookups and the full use of the park amenities such as water access, fishing piers, boat docks, multiuse trails, and more at no cost. No salary is provided.

Qualifications

Park hosts must have their own RV and are selected based on:

- Prior campground or park host experience.
- Experience working with the public.
- Camping experience.

PARK HOST APPLICATION

Please submit a recent photo of your RV/camper with this application.

Date	
Name (1)	
Name (2)	
Phone	
Email	
Permanent address	
Current address	

How did you hear about park host opportunities at LCRA Parks? Check all that apply.

- Workamper News
- Online – lcra.org/parks
- Friends or family
- Other
- Comments:



Do you have park host experience?

- Yes.** If yes, how many years? _____
- No.** If no, what is your work experience? _____
- Comments:**

Reference(s)

Location	
Name	
Contact information	
Dates of assignment	

Location	
Name	
Contact information	
Dates of assignment	

Location	
Name	
Contact information	
Dates of assignment	

Which parks interest you? Please list in order of preference. For a full list of LCRA Parks, visit lcra.org/parks.



Do you have any pets? If yes, what type and how many?

Yes	No
Comments:	

When are you available to begin as a park host? Please list in order of preference.

Start and end dates (month/day/year)	
Start and end dates (month/day/year)	

Do you have any concerns about fulfilling the park host responsibilities, including cleaning restrooms?

- Yes**
- No**
- Comments:**

Do you have any cash-handling experience? Please explain.

- Yes**
- No**
- Comments:**

Are you comfortable working with the public? What is your experience?

- Yes**
- No**
- Comments:**

Does anyone other than the person listed above reside with you? If yes, what is their relationship to you and are they a minor?

- Yes**
- No**
- Comments:**



LIABILITY RELEASE

Activity	
Date of activity	
Participant(s) name (please print)	

I, the undersigned Participant or Parent or Legal Guardian of Participant, fully understand and agree that participation in the above Activity associated with the Lower Colorado River Authority (LCRA), or other activities, such as riding in an LCRA vehicle, getting in and out of an LCRA vehicle, canoeing, swimming, kayaking, hiking, or any other volunteer activity, or using LCRA equipment or my own personal equipment, may result in accidental or other physical injury or property damage. I assume all the foregoing risks and accept personal responsibility for the damages following such injury or damage. I, for myself, my heirs, legal representatives, and assigns agree to assume the risk of such injury or damage and do hereby release, acquit, and forever discharge LCRA and its successors, assigns, directors, agents, and employees (collectively referred to herein as "Released Parties"), from any and all manner of causes of action, lawsuits, claims, demands, judgments, and damages of every kind and character, known or unanticipated, including, but not limited to, claims of Released Parties negligence or the condition or use of the property of any of the Released Parties, that I have or could have against the Released Parties or any of them, resulting from or arising out of participation in the Activity. The Released Parties shall not be liable or responsible for, and shall be saved and held harmless by me from and against any and all claims and damages of every kind, including reasonable and necessary costs and attorneys' fees, for injury to or death of any person and for damage to or loss of property, which I, or my heirs or assigns, have or may have arising out of or associated with, directly or indirectly, the Activity or the condition of property owned or controlled by the Released Parties.

Liability release forms must be signed and dated by each individual applicant.

By signing this release, I state and declare that I have read it carefully, that I understand all of its terms and that I voluntarily execute it with full knowledge of its legal consequences.

Participant's signature:

Date:

Participant's signature:

Date:



BACKGROUND CHECK FOR VOLUNTEERS

To Whom It May Concern:

I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written employment application which I sign. (Background checks must be completed for each individual applicant.)

Date	
Printed name	
Social security number	
Date of birth	
Driver's license number and state	
Street address (as it appears on your DL or previous address – no P.O. Box please)	
City, state and zip	

Have you lived outside the United States during the last seven (7) years?

Yes	No
Comments:	

Participant's signature:

Date:



BACKGROUND CHECK FOR VOLUNTEERS

To Whom It May Concern:

I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written employment application which I sign. (Background checks must be completed for each individual applicant.)

Date	
Printed name	
Social security number	
Date of birth	
Driver's license number and state	
Street address (as it appears on your DL or previous address – no P.O. Box please)	
City, state and zip	

Have you lived outside the United States during the last seven (7) years?

Yes	No
Comments:	

Participant's signature:

Date:



PARK HOST APPLICATION INSTRUCTIONS

Send the completed application along with your resume, photos of your RV, and other pertinent information via email or mail to John Gillen.

Please include all completed forms with any required signatures. Scanned documents will be accepted for pages needing signatures.

Email: john.gillen@lcra.org

Mail:

Lower Colorado River Authority

Attn: John Gillen

P.O. Box 220

Austin, TX 78767