



# CamperAssistance Program Volunteer Application



Please print. Mail to the park at which you would like to be a CAP volunteer. Add additional paper if needed.

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone where you can be reached daily,  
9am-5pm (include area code) \_\_\_\_\_  
Email Address \_\_\_\_\_

Briefly describe your camping experience:

List New York State Parks where you have camped in recent years:

Briefly outline your experience as a volunteer:

List two personal or professional references:

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_

List any qualifications, skills, or interests, particularly those applicable to camping:

At what state park would you like to serve as a CAP?

Period of availability (minimum of 2 weeks):

from \_\_\_\_\_ to \_\_\_\_\_ ,(2nd choice) from \_\_\_\_\_ to \_\_\_\_\_

Number of campers who will accompany you (limit 6, adults and/or children). \_\_\_\_\_

Do you plan to bring a pet? \_\_\_\_ yes \_\_\_\_ no

Signature \_\_\_\_\_ Date \_\_\_\_\_