



US Army Corps  
of Engineers®  
Rock Island District

# Saylorville Lake Volunteer Application

**PLEASE PRINT CLEARLY**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

If under 18, name of parent or legal guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Work/Cell:(\_\_\_\_\_) \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

Please List 2 references (not relatives):

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| 1. Name: _____                      | 2. Name: _____                      |
| Address: _____                      | Address: _____                      |
| City: _____ State: _____ Zip: _____ | City: _____ State: _____ Zip: _____ |
| Phone Number:(_____) _____          | Phone Number:(_____) _____          |

In case of an emergency, please contact:

Name: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Work/Cell:(\_\_\_\_\_) \_\_\_\_\_

Relation: \_\_\_\_\_

1. Availability:

a. What months would you be available for volunteer work?

\_\_\_\_\_

b. How many hours per week would you be available for volunteer work? \_\_\_\_\_

c. Which days of the week would you be available for volunteer work?

\_\_\_\_\_

2. Please list any physical limitations for working as a volunteer?

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

3. Do you have a valid drivers license and a reliable licensed insured vehicle? \_\_\_ Yes \_\_\_ No

4. Positions:

a. Check the volunteer positions for which you wish to be considered:

<input type="checkbox"/>	Part-time Campground Host	<input type="checkbox"/>	Butterfly Gardening
<input type="checkbox"/>	Full-time Campground Host	<input type="checkbox"/>	Bluebird Trail
<input type="checkbox"/>	Day Use Fee Entrance Station Host	<input type="checkbox"/>	Natural Resource/Habitat Enhancement
<input type="checkbox"/>	Visitor Center Host	<input type="checkbox"/>	Office/Clerical

b. Other positions may be available. Please list other interests:

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5. If interested in camping, please describe your camping unit or submit a photo.

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6. Have you volunteered before? If yes, please briefly describe your volunteer experience and the location.

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7. What qualifications/skills/experience/education do you have?

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8. What are your objectives for working as a volunteer?

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*We thank you for submitting an application. Some positions may not be currently available, but your application will be kept on file and you may be contacted as positions become available. All volunteers are subject to a background check before beginning volunteer service.*

**I attest the above information to be true and correct to the best of my knowledge.**

**Signature of Applicant:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Please Return to:** Saylorville Lake, Volunteer Coordinator  
5600 NW 78<sup>th</sup> Avenue  
Johnston, IA 50131

Privacy Act Statement

The following information is provided to comply with the Privacy Act (PL 93-579, 5 U.S.C. 301 and 7 CFR 260), which authorizes acceptance of the information requested on this form. The data will be used to contact applicants and to interview, screen, and select them for volunteer assignments. Furnishing this data is voluntary.