

LAKE CASITAS RECREATION AREA
11311 Santa Ana Road
Ventura, CA 93001

Application for Park Host

1. Personal Information

Party #1 - Name: _____ Phone/Cell _____

Address: _____ Drivers lic# _____

City/State/Zip _____ Email _____

Party #2 - Name: _____ Phone/Cell _____

Address: _____ Driver's lic# _____

City/State/Zip _____ Email _____

2. Primary Unit

Vehicle make _____ Model _____ License # _____ St _____

RV/Trailer make _____ Model _____ License # _____ St _____ Size _____

Vessel – CF # _____ Boat Trailer License # _____ St _____ Size _____

Tow In/2nd Vehicle

Vehicle make _____ Model _____ License # _____ St _____

3.

Documentation to be Submitted with Application

Copy of each party's Driver's License.

Copies of RV unit and any vehicle registrations and proof of current insurance.

Copies of vessel and vessel trailer registrations and proof of current insurance.

Proof of medical coverage for each party.

The camping unit, extra vehicle and vessel must meet Casitas' standards for appearance and condition. An inspection will be performed upon arrival at Lake Casitas to determine compliance. Non compliance will be cause for non-admittance to the Host Program.

4. **Previous Host Experience (Locations, Dates & Brief Description of Duties)**

5. **Physical Restrictions.** Describe any physical restrictions for each applicant that would require accomadations or restrict ability to perform host related tasks, e.g. trash pickup, raking, grounds maintenance, communication with customers and staff, etc.

I certify that, to the best of my knowledge and belief, all of the information above and on any attachment to this application is true, correct, complete and made in good faith. I understand that false or fraudulent informaiton provided may be grounds for a host position not being offered or terminated at a later date. I understand that the information provided may be investigated.

Signature of Host & Print Name Date: _____

Signature of Host & Print Name Date: _____

Office use only

Photograph received on _____ Insurance received on _____

Registration(s) received on _____ Rabies Vaccination received on _____

Copies of valid IDs received on _____ Medical Insurance received on _____

Notes or special circumstances _____

LCRA Manager Approval: _____ Date: _____

Please email completed application and documentation to rfaddis@casitaswater.com

Or mail to

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