



2026 CAMPGROUND HOST APPLICATION FORM

Please complete a separate form for each family or individual, listing every person aged 18 or older who will live at the campground host site.

Send the completed form to: General Manager, gm@ozarksrv.com, or mail it to 1229 CR 663, Oak Grove, AR 72660. If you have questions, you're welcome to call us during regular business hours at 870-749-2700. If no one is available to take your call, please leave a message. Please note that our resort is closed from December through February, so we only visit the office occasionally to answer and return phone calls. **(Please Print)**

Applicant Information:

First Name: _____ Last Name: _____

Address, City, State, Zip: _____

Email Address: _____ Daytime Phone Number: _____

List month (s) you are available to serve: _____

Type of camping unit: _____ Size of Camping Unit: _____

Our CCR's restrict the length of any RV staying at the resort to a minimum length of 26'. We do not allow Class B van conversions, pick-up campers, pop-ups, tents or any other trailer with tent fabric. One RV per lot. No tents. No sleeping outside or in vehicles.

List other individuals who will be living at the campsite with you who are 18 years of older:

1. Name: _____
2. Name: _____
3. Name: _____

Please mark what area you are interest in:

☐ Front Desk Clerk ☐ Housekeeping ☐ Light Maintenance/Landscaping

Please list skills and/or certifications you have that would be beneficial to the campground host program.

Highlight any educational or employment experiences that would contribute to the Ozarks RV Resort on Table Rock Lake Camp Host Program.

Have you served as a campground host before? If yes, please list where and dates served.

If asked, are you willing to consent to a background check? ☐ YES ☐ NO

This employer provides equal opportunity and values diversity. Please type or print and ensure your application is complete for consideration. Fill in all sections, even if a resume is attached.

I certify my responses are accurate and honest. If hired, I understand that providing false information may lead to termination.

SIGNATURE: _____

DATE: _____

Print Name: _____