University of Florida IFAS Extension
Bay/Gulf/Franklin County 4-H Camp Timpoochee
Niceville, FL
June 29 – July 2, 2015
(PLEASE NOTE: Camp is only 4-days, 3-nights this year.)

APPLICATION FOR VOLUNTEER

4-H CAMP TEEN COUNSELOR & COUNSELOR-IN-TRAINING

This application is due to your local Extension Office by Friday, May 22, 2015.

6 HOURS OF COUNSELOR/CIT TRAINING IS MANDATORY:

- **Saturday, May 23rd @ Bay Co. Extension Office** – 10 am-4 pm CST - Lunch & snacks provided. (Gulf & Franklin teens contact Melanie by May 15th if you plan to attend. We will meet at Gulf Co. Extension Office in Wewa to depart at 9:15am.)
- **Monday, June 8th @ Bay Co. Extension Office** – 10 am-4 pm CST - Lunch & snacks provided. (Gulf & Franklin teens contact Melanie by May 18th if you plan to attend. We will meet at Gulf Co. Extension Office in Wewa to depart at 9:15am.)
- **Tuesday, June 9th @ Honeyville Community Center in Gulf County** – 10am-4pm - Lunch & snacks provided. (Bay County teens contact Dr. Paula by June 5th if you plan to attend. We will meet at Bay Co. Extension Office and depart at 9:00am)

*You MUST participate in at least one of these training days to attend camp.*

NO EXCEPTIONS.
BAY/GULF/FRANKLIN COUNTY 4-H CAMP APPLICATION

~ VOLUNTEER POSITION ~

Check One:  ______ Counselor-in-Training or ______ Counselor

MUST BE RETURNED BY Friday, May 1, 2015

Name: __________________________________________ Date of Birth: __________ 4-H Age: __________

(Month/Day/Year)

(Month/Day/Year)

(Age as of Sept. 1, 2014)

Mailing Address: ____________________________________________________________

Town: __________________________ State: FL Zip __________ Circle: Male Female

Cell Phone __________________________ Home Phone __________________________

(Years at 4-H Camp) (Years as a Counselor)

(including as a CIT)

Parent/Guardian Name(s) ______________________________________________________

Parent/Guardian(s) Cell Phone __________________________ Parent/Guardian(s) Work

T-shirt Size (adult sizes only): S M L XL XXL

EDUCATIONAL AND WORK EXPERIENCE

Name of School __________________________ Grade __________

Clubs & Extracurricular Activities you participate in:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

If applicable, list work experience(s) during the past three (3) years. (Add page if needed.)

Employer Your Position/Title Town/State Years

1. __________________________________________________________

2. __________________________________________________________

3. __________________________________________________________

4. __________________________________________________________

VOLUNTEER EXPERIENCE (other than 4-H) (Add page if needed.)

List volunteer experiences during the past three (3) years. Identify work with youth and community groups.

Organization/Group Your Role/Title Town/State Years

1. __________________________________________________________

2. __________________________________________________________

3. __________________________________________________________

4. __________________________________________________________
VOLUNTEER INTEREST
Why are you interested in being a volunteer (Counselor/CIT) at 4-H Camp?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Have you ever been convicted of a crime?  ____ Yes  ____ No (If yes, describe.) ______________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Have you ever been suspended from school?  ____ Yes  ____ No (If yes, describe.) ______________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What age(s) do you prefer working with (please rank 1st, 2nd, and 3rd choice)?

___ 9 year olds  ___ 12 year olds

___ 10 year olds  ___ 13 year olds

___ 11 year olds  ___ doesn't matter

PERSONAL REFERENCES (Required)
List three (3) adult references (NOT family members). References must be people who know you well and can attest to your character and to your ability to work with and supervise youth. (Suggested people to ask to be your reference are teachers, coaches, ministers, 4-H leaders, employers, parents of children you babysit, and/or guidance counselors, etc.)

1. Print Name: ___________________________ Phone: (__) __________________
   Mailing Address: ________________________________________________________
   Town: ___________________ State: ___________ Zip Code: _______________
   Email Address (if you know it): ________________________________
   What is your relationship with this person (teacher, coach, etc.)? ______________

2. Print Name: ___________________________ Phone: (__) __________________
   Mailing Address: ________________________________________________________
   Town: ___________________ State: ___________ Zip Code: _______________
   Email Address (if you know it): ________________________________
   What is your relationship with this person (teacher, coach, etc.)? ______________

3. Print Name: ___________________________ Phone: (__) __________________
   Mailing Address: ________________________________________________________
   Town: ___________________ State: ___________ Zip Code: _______________
   Email Address (if you know it): ________________________________
   What is your relationship with this person (teacher, coach, etc.)? ______________
4-H CAMP COUNSELOR/CIT CONTRACT
Bay/Gulf/Franklin County

I, ____________________________, accept my appointment to the position of Camp Counselor or Counselor-In-Training at the day and residential camps held under the Bay, Gulf, and Franklin County 4-H programs. I am committed to fulfill the responsibilities as outlined and discussed in counselor training to the best of my ability.

Furthermore, I understand that this position is not a paid position. Upon successfully completing my job as a counselor, I will receive volunteer hours for my service to 4-H.

I also understand that my stay at camp in this capacity is dependent upon my ability to conduct myself in a responsible manner, to follow the camp and staff rules and provide appropriate supervision, care and leadership for campers under my direction.

Failure to do so will result in a termination of my appointment and may require that my parents provide for my transportation home from camp.

I understand that UF-IFAS Extension programs and employment are open to all, regardless of race, color, religion, sex, age, veteran status, national origin, disability, or political affiliation. UF-IFAS Extension is an equal opportunity employer.

SIGNATURES ARE REQUIRED BY APPLICANT AND PARENT/GUARDIAN.

Printed Teen Name ____________________________  Teen Signature ____________________________  Date ____________

Printed Parent/Guardian Name ____________________________  Parent/Guardian Signature ____________________________  Date ____________